

# Key Healthcare (St Helens) Limited

## Elizabeth Court

### Inspection report

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St Helens  
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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Elizabeth Court is a care home providing personal and nursing care for up to 44 people in one adapted building over two floors. One floor of the building supports people requiring nursing care. The service was supporting 34 people at the time of this inspection.

### People's experience of using this service and what we found

People were not always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Improvements were needed to the management and oversight of Deprivation of Liberty Safeguarding in place for people.

The care planning and recording systems in place promoted the care and support people required however, information was not always person centred. People felt safe using the service and received their medicines when they needed them. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

We have made recommendations in this report in relation to the implementation of the Mental Capacity Act and person-centred care planning.

Systems were in place to monitor the quality of the service that people received. People were able to voice their views and felt they were listened to. Sufficient staff were on duty to meet people's needs.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were happy with the food available to them. People's healthcare needs were understood and met by staff and community-based health care professionals.

People were protected from abuse and the risk of abuse. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and wishes and how they were to be met. People and their family members had access to complaint process information and how to raise a concern about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 21 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations and the rating had improved to requires improvement.

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe section below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective section below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring section below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive section below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

**Requires Improvement** ●

# Elizabeth Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On the first day of the inspection one inspector and an Expert by Experience visited the service. On the second day of the inspection two inspectors visited. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Elizabeth Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 15 people who used the service and seven family members about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, nurses and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff files and records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information to clarify the implementation of the Mental Capacity Act.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved requires improvement. This meant although a number of improvements had been made, the service management and leadership still needed to demonstrate that these improvements could be sustained.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were not in place or not robust enough to demonstrate people were protected from the risk of abuse. This placed people at ongoing risk of harm. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to record and report safeguarding concerns appropriately.
- Safeguarding procedures were in place and readily available. The majority of staff had completed safeguarding adults training and had access to information how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Their comments included "I feel safe because everybody looks after me" and "It's good because the girls [Staff] treat me well. If there are any safety issues [Name], the maintenance man carry's out repairs. I can also relax because I feel safe because the place is well maintained." A family member told us "We know [Relative] is safe and being looked after, she's getting the attention she likes. Due to this we are 100% happy".

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate that people's safety and medicines were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Personal Emergency evacuation procedures were in place to help ensure that people received the care and support they required in the event an emergency. This information was accessible to staff.
- People's specific needs and identified risks were identified and plans were in place to minimise those risks. This was an improvement from the previous inspection. For example, specific pressure relieving air mattresses in use for people at high risk from developing pressure sores were checked on a regular basis. Care planning documents clearly recorded the appropriate settings needed for individual's using pressure relieving mattresses.

- Regular checks took place around the service to ensure that people's living environment was safe. Action had been taken when improvements were identified. For example, bolt locks had been removed from communal bathing and toilet facilities downstairs to prevent people being locked in these rooms. Exposed pipes in a shower room had been boxed in to prevent any risk to people.
- The registered manager carried out regular checks of the environment which included the systems and storage of foods within the kitchen.

#### Using medicines safely

- Policies, procedures and good practice guidance were in place and used to promote the safe management of people's medicines.
- Medication Administration Records (MAR) in use contained the dosage, frequency and stock of prescribed medicines for people.
- People's medicines were stored safely in lockable cupboards and rooms. Regular checks took place to ensure that people's medicines were stored at the correct temperature.
- People told us that they received their medicines when they needed them.

#### Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs of people. Staff were deployed to ensure that a member of staff was always present in communal lounges throughout the day to offer support to people.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Staff responded in a timely manner when answering people's call bells. A system was in place to ensure that people unable to use a call bell received the support they needed. This involved staff carrying out regular checks on people whilst they were in their bedroom.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection.
- People told us that they felt the service was always clean, comments included "The place is clean and tidy."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

#### Learning lessons when things go wrong

- Lessons were learnt, and improvement made following accidents and incidents.
- Accident and incidents which occurred were recorded on the electronic care planning system which enabled senior staff to monitor accidents and incidents for patterns or trends.
- Family members were kept informed of any accidents or incidents their relative had experienced. One family member told us "When [Relative] fell out of bed they kept me informed."
- Information relating to accidents and incidents was reported to the provider on a weekly basis. This enabled the provider to monitor, and make improvements when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained the same. The effectiveness of the implementation of the Mental Capacity Act continued to require improvement.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to fully implement people's rights under the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, we have made a recommendation for the provider to further improve the implementation of the Mental Capacity Act.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that further improvements were needed.

- Not all of the DoLS for people demonstrated all of the restrictions which were in place. For example, when covert medicines were in use. We discussed this with the registered manager who made arrangements for the appropriate application to be made immediately.

We recommend that the provider develops a system to monitor and review DoLS in place for people to ensure that they remain valid and that appropriate applications are made when people's situations change.

- The registered manager was in the process of carrying out a full review of records in place relating to people's mental capacity to ensure that they were person centred and decision specific.
- The registered manager had written to family members to seek formal confirmation of those who held the role of power of attorney for their relative. This was to ensure that people legally entitled to were involved in

any decision making on behalf of a person.

- Records of best interest decision meetings that had taken place were available on people's electronic care planning documents.

Staff support: induction, training, skills and experience

At our last inspection systems were either not in place or robust enough to ensure that qualified nursing staff were in receipt of clinical supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- A programme of electronic induction and continual mandatory training was in place for staff. Records demonstrated that the majority of care staff were up to date with their training. Staff who needed to update their training had been sent letters by the registered manager requesting that all training was completed.
- Staff told us that they felt the training they received supported them to carry out their role.
- Staff were seen seek support and advice from senior members of staff.
- Staff had received formal supervision for their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- People's individual needs were assessed prior to moving into the service to ensure they could be met. One family member whose relative had recently moved into the service told us that staff had included them in the planning of their relative's care. They told us that "Staff have asked a lot of questions about [Relative]" and had "Shown them compassion."
- People's care plans were reviewed to ensure that they contained up to date information on people's needs and wishes. Family members told us that they were involved in the planning and review of their relative's care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were protected from the risk of poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- People at risk from poor nutritional intake had specific care plans in place and their dietary intake and weight was monitored on a regular basis. When required referrals were made to dietary and speech and language services for support and advice in meeting people's nutritional needs.
- People had a choice of where they ate their meals with several people eating in small dining areas, lounges and the main dining room.
- People were seen to enjoy their meals and the majority of people told us that they liked the food they were served.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Where people required support from health care professionals this was arranged. Staff requested visits from nurse practitioners, specialist tissue viability nurses, optician and podiatrist. Arrangements had been made with a local dentist to enable people to receive dental care when required.
- Staff had access to guidance about specific medical conditions that people were living with. This helped

staff understand people's needs.

- A community medicines management team supported the service in the reviewing of people's medicines. GP services visited the service on a regular basis to monitor and review people's health. These arrangements benefitted people's health. For example, due to a review of medicines one person's mobility had increased.

Adapting service, design, decoration to meet people's needs

- The layout of the building enabled people the freedom of movement around the service with outside furnished spaces fully accessible.
- The environment had been adapted and designed to provide ease of access to people which included accessible bathrooms and communal areas.
- Signage was in place around communal areas to assist people with orientation and independence.
- Large boards containing locks, tools and tactile fabrics to offer focus and engagement to people. We discussed with the registered manager the further development of the environment to support people living with dementia.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and independence.
- People's independence in choosing their meals was promoted. Pictorial menus were clearly visible for people to identify the food they wanted to eat.
- People were supported to maintain their independence. For example, following a period of time in hospital due to an injury, one person had regained their mobility with the support and encouragement of staff carrying out physical exercises.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People were given choice and control over their day to day lives. People had freedom of movement around the service and had a choice of what time they got up in a morning and went to bed at night.
- People requiring assistance to eat their meals were supported in a dignified manner.
- Staff treated people with dignity and respect. For example, when a person demonstrated particular behaviours to another person, staff took action to protect the dignity and respect of both people in a manner that did not create embarrassment.
- People had access to a key to enable them to lock their bedroom door when they wished.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were able to personalise their room with their own personal belongings.
- People told us that staff were caring. One person told us that staff were very caring when she first arrived by showing her around and making her feel at home, "It felt warm and cosy."
- People were treated with kindness and respect by the staff supporting them.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- People were supported to maintain their individuality and identity. For example, Staff supported people with their chosen clothing, jewellery and fragrances.

Supporting people to express their views and be involved in making decisions about their care

- People were asked to make day to day decisions. For example, people had a choice of where they sat, who they sat with and what they wanted to eat and drink.
- Two people who used a particular lounge were consulted and chose the paint colour for the room.
- Systems were in place to enable people and their family members to share their views about the care

provided. This included meetings held to discuss people's care and support and 'resident and relative' meetings. One family member told us that they found these meetings very informative.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection systems were not in place or robust enough to ensure that person centred care was planned for. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's identified needs had been planned for and were recorded on the electronic care planning system in use. Staff had access to this information.
- Care planning records demonstrated what actions were needed to support people in their day to day life. In addition, records were in place to demonstrate what care and support people had received.
- Records were maintained of people's specific needs. For example, nutritional and dietary intake was recorded for those people who it had been identified were at risk of weight loss.
- Family members told us that they were updated about their relative's care and where appropriate, were involved in care plan reviews.
- The registered manager was in the process of carrying out a full review of people's care records. A system was in place for all care planning records to be reviewed on a regular basis.
- People's care plans contained generic information and were not always written in a person-centred manner.

We recommend that the provider develops a system to ensure that all care planning documents are developed and maintained in a person-centred manner.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who understood their communication needs.
- People's sensory needs were recorded in their care plans.
- The registered provider had access to facilities to provide written documentation in different formats to

meet people's needs and wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities workers were employed to offer stimulation and activities to prevent social isolation in people. Family members told us that activities for people had improved.
- People had the opportunity to discuss activities they were interested in.
- Daily reminiscence sessions took place and a monthly dementia café had been developed to enable people, their family members and friends to get together for a chat.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they were not happy.
- Family members were aware of who they could speak to if they had a concern about the service. Their comments included "Comfortable with speaking to staff with any concerns" and "You can always speak to staff if you have a query or concern."
- The provider received a weekly report that recorded any complaints made about the service which enabled them to monitor any concerns raised.

End of life care and support

- People and family members were given the opportunity to record their advanced decisions and specific wishes about how they wanted to be cared for at the end of their life. Information relating to people's wishes was recorded in their personal care plans.
- Specific care planning took place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- The service worked with local health care professionals to ensure that people's needs, and wishes were maintained in their end of life care. For example, a GP services were involved in the planning of a person's end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was consistent. However, areas of improvement identified were still in the process of being addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection systems were not in place or robust enough to demonstrate that governance within the service was effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Further improvement was needed in application of the Mental Capacity Act. However, this was in the process of being addressed by the management team.
- Systems had been developed for the monitoring of the service and ensuring quality and safety. Weekly checks and monthly audits took place around the management of medicines and the environment. Improvements had been made to the content of people's care planning documents.
- People's care planning records were at times generic and not always person centred. However, people's information was recorded in a manner that protected their privacy.
- The management team had developed a tracking tool to monitor the progress of safeguarding concerns raised within the service. Monitoring of maintenance records took place and the provider reviewed and signed records during their regular visits to the service.
- Reviews of people's care planning documents took place. In addition, the management team had developed an auditing tool to use when they reviewed people's care planning documents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had developed clearer understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong. Improvements had been made to the oversight of the service which minimised the risk of incident that occurred not being addressed appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had an understanding of their role and responsibilities.
- Staff told us that the registered manager was available to offer support and guidance to assist them with



their role. Staff were seen to approach the registered manager for support in managing specific situations.

- The management team were clear about their responsibilities.
- Policies and procedures to promote safe, effective care for people were available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to engage and involve people using the service, family members and staff. This included surveys and relative and residents' meetings. Surveys had been sent to people in October 2019. The registered manager was in the process of reviewing people's comments on the survey. Staff were engaged and involved through regular team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people was provided.
- Family members felt that the service had improved. Comments included "Still very happy with the service, they [Staff] are really trying to make everything right" and "The service has improved. We have always been happy with the care."

Continuous learning and improving care; working in partnership with others

- The provider had engaged an external consultancy service who carried out a review and developed an action plan to support the registered manager and provider to make the required improvements to the service.
- Staff received regular support to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Staff sought advice and worked in partnership with others such as health care professionals.