

Peaceform Limited

Eliza House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Eliza House is a residential care home providing personal care to up to 26 people. The service provides support to older people, including people living with dementia. At the time of our inspection there were 24 people using the service.

The service accommodates people in 1 adapted building across 2 floors, accessible by a lift. Residents had access to ensuite toilet facilities and shared bathrooms. The service comprises communal lounges, a dining area and 2 courtyards.

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

For the most part, people received their medicines safely and as prescribed. However, we found shortfalls in the management of medicines for 3 people.

While there were enough staff to meet people's needs, there were times when staff felt under pressure and did not have enough time to interact with people appropriately. The provider carried out checks to make sure staff were recruited safely.

Staff were trained in safeguarding and knew how to protect people from abuse. Risks to people were assessed and safely managed. Staff adhered to infection control measures to keep people safe from risks of infections.

People received person-centred care by a team of staff who knew their needs and preferences well. Staff supported and encouraged people to take part in various activities to keep them socially engaged. People and their relatives knew how to make their concerns known to the management.

Managers worked with people, their relatives, professionals and staff to provide a good service. Managers completed regular audits to monitor and improve the quality of service. During the inspection, we observed renovation works being carried out in the service to improve its overall state and appearance.

People spoke positively of the staff team and were pleased with the care and support they received.

People were 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 supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 May 2022).

Why we inspected

We received concerns in relation to staffing and recruitment, activities for people, and the suitability of the physical environment of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection. However, we have found evidence that the provider needs to make some improvements. Please see the safe section of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eliza House on our website at www.cqc.org.uk.

Recommendations

We made recommendations about managing people's medicines and staffing.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eliza House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the Expert by Experience spoke with people and visitors for their feedback on the care, and carried out observations.

Service and service type

Eliza House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eliza House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 8 people living at the service and 2 visiting family members. We observed interactions between people and staff, including activity sessions. We walked around the premises while looking at aspects of health and safety and infection control.

We spoke with 6 staff members, including 2 senior care workers, 1 care worker, an activities coordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 visiting healthcare professionals during our inspection.

We reviewed a range of records. This included 4 people's care records and medicines records for 12 people. We looked at 5 staff files in relation to safer recruitment. A variety of records relating to staffing and the management of the service, including quality assurance, staff training, accidents and incidents, policies and procedures, health and safety, and meeting minutes were also reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People received their medicines safely. The service ordered, stored and returned medicines in line with national recommendations.
- However, we found some issues around the management of medicines for 3 people. For 1 person, staff had not been administering their eye drops as per the prescribed instructions. We raised this with the registered manager, who went and sought advice from the prescriber and rectified the error.
- Staff signed medicines administration records (MARs) to evidence people had taken their medicines and most MARs were completed appropriately. However, we found 1 person had 2 sets of MAR for the same medicine. On some occasions, these MARs were signed by different staff members, which meant it was not clear which of the staff administered the medicine. The registered manager looked into this and told us it was due to an oversight, which they then addressed.
- We were not fully assured about the processes for the covert administration of medicines for 1 person. Covert administration is when medicines are administered in a disguised manner, usually in food or drink, without the person's consent but in their best interest. While there was an agreement from the GP for the person's medicines to be administered covertly, the person did not have a clear plan with instructions on how to disguise each of their medicines, while considering the suitability of the chosen method(s). There was also no evidence of a best interest decision although the registered manager told us one took place when the person was admitted to the service.

We recommend the provider consider guidance from a reputable source regarding the safe and effective management of medicines.

- Staff were trained and assessed as competent to administer medicines. After we raised our concerns with the managers, they told us staff had been retrained and that they were monitoring their medicines processes closely to reduce the risk of errors.
- People who were prescribed 'when required' medicines, such as painkillers, had clear guidance in place to enable staff administer these medicines effectively. There were clear instructions in people's care plans on how they preferred to take their medicines.
- The registered manager worked closely with GPs, their pharmacist and community nurses, and sought guidance from them regarding matters relating to people's medicines when needed.

Staffing and recruitment

- People received care and support from a consistent and suitably qualified staff team.
- While staff delivered care safely and ensured people received the appropriate level of supervision, we

found there were times when staff were not able to spend enough time when interacting with people. This could impact the quality of care and support people received. Every person we spoke with told us staff provided safe care but 4 people told us staff were too busy at times. Comments included, "They just do not have time to chat to me" and "I can wait up to 10 minutes for my buzzer to be answered."

- The service used a dependency tool, which managers reviewed regularly, to assess the level of staff required. However, we found the model used was outdated and not always effective as it did not account for people's needs in an all-inclusive fashion. For example, the dependency tool did not consider people's communication, psychological or cognitive needs.

We recommend the provider review their staffing arrangements.

- The service carried out safer recruitment checks to ensure only the staff that were suitable were employed. Staff files showed proof of identity, evidence of DBS checks and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, for 2 staff members, their employment history was not clearly documented. We discussed this with the registered manager and they told us they would make sure staff employment history would be checked and appropriately recorded going forward.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and risks of abuse.
- Staff received training in safeguarding and knew how and when to report concerns. If abuse was suspected, a staff member told us they would "speak to the manager, write a statement and take it to safeguarding if needed."
- The service worked with the local authority and supported their investigations to address any concerns. Records showed the registered manager seeking regular updates from the local authority regarding any open safeguarding concerns.
- People felt safe within their accommodation and from the support they received from staff. Comments included, "I do feel safe because if anything troubles me, they come and help me" and "I feel safe and happy because the staff are kind and look after me."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, care and safety, and followed agreed measures to reduce the risk of people coming to harm.
- Staff knew people well, including their needs and how to support them safely. One person told us, "They handle me carefully and there's always 2 of them moving me." We observed people being moved slowly and carefully from wheelchairs into seats by 2 staff.
- People's care plans contained risk assessments, which highlighted where people might be at risk and provided clear instructions for staff to follow to keep people safe. Risk assessments covered a range of areas, including people's mobility, falls, fire safety, medicines, skin integrity, and risks associated with eating and drinking.
- Systems were in place to make sure the physical environment was safe for people and staff. Checks carried out by staff and external contractors included water checks, electrical installation, gas safety and fire safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Information on people's capacity to make decisions was clearly documented in their care plans.

Preventing and controlling infection

- The provider had appropriate procedures in place to prevent and control infection. Staff had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. We observed staff wearing PPE in line with guidelines.
- Staff followed a cleaning schedule to make sure the premises were routinely cleaned and disinfected.
- People were able to have visitors without any restriction.

Learning lessons when things go wrong

- The staff team reflected on things that went wrong and discussed these in meetings and handovers.
- Staff reported and recorded accidents and incidents appropriately. The registered manager monitored these records to identify any patterns and took necessary actions to reduce the risk of further accidents and incidents re-occurring.

Is the service responsive?

Our findings

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

At our inspection in August 2020, we rated this key question good. The rating for this key question has remained 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

- People received care and support that met their individual needs and preferences.
- Care plans were person-centred and provided clear guidance on supporting people in their preferred ways. Information on people's backgrounds, family history, past employments and likes and dislikes were also clearly documented.
- People had choice and control over their care and support. One person told us, "I am an independent person and they encourage me to be who I want to be." Comments from other people included, "I get up and go to bed exactly when it suits me" and "I decide what I want to wear."
- People's rooms were personalised according to their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood. Care plans contained clear information on people's communication needs.
- The registered manager told us information could be provided to people in different formats if needed.

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

- Staff supported people to participate in a range of activities. This improved people's wellbeing and protected them from social exclusion.
- We observed people having a good time singing and dancing, and the activity coordinator engaging with them in different activity sessions. If people chose not to take part in group activities, staff interacted with them individually.
- People told us they enjoyed the activities offered to them. One person told us, "There's enough going on to keep me content. I'm never bored. They painted my nails yesterday and cut them. I go out in the garden area. I'll take every activity that's going on." Another person said, "There have been visits out to Myddelton House and Southend is being planned I gather. We've had singers in, animals as well, and the vicar comes in."
- Staff celebrated religious and cultural festivals/events with people, such as Easter and St Patrick's Day.

People also had the opportunity to join church services arranged in the home. We saw photos of these activities.

Improving care quality in response to complaints or concerns

- There was a system in place to address complaints and concerns.
- The complaints log showed no complaints recorded since the last inspection. However, there were concerns raised by a relative recently which had not been documented. We discussed this with the registered manager, who explained to us what these concerns were and how they were addressing them. They also told us any concerns, regardless of how minor they may be, would be appropriately recorded going forward.
- Most people knew how to raise concerns and those who were not able to, were supported by staff to do so. One person told us, "I'd speak to the boss [Registered manager] if I was troubled. She listens to me and she does her best to help me." Another person said, "I'd find it easy to bring up something with [Registered manager] if I wasn't happy."

End of life care and support

- Although no one was on end of life care at the time of the inspection, staff were trained to care for people appropriately and in a dignified way when they reached the end of their lives.
- People had the choice to discuss this area with staff. Some people had advance care plans, in which their final wishes and preferences were recorded.
- The registered manager told us they would liaise with the palliative care team and community nurses to support people at the end of their lives.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing and management structure. Staff, including care workers, senior care workers and the registered manager, were aware of their roles and responsibilities.
- Quality assurance systems comprised regular audits on the service's systems and processes, and spot checks. The audits covered a range of areas, including health and safety, infection control, equipment, medicines and care records. The nominated individual visited the service frequently and carried out their own checks. This helped to monitor the quality of service and drive improvements.
- We observed parts of the premises to be in a state of disrepair. For example, there were areas on the walls where the paint was peeling off, some of the furniture looked run-down, there was a leakage in one of the communal toilets, and the lift had been out of order on a number of occasions. Some people and relatives felt the same way about the home and their comments included, "It could do with a lick of paint" and "The place is shabby, paint is peeling and walls are bare."
- We discussed the state of the premises with the registered manager and nominated individual. They told us work was in progress to improve the overall state of the home, including people's rooms, and presented a detailed service improvement plan, which demonstrated the works that had been carried out recently, details of ongoing redecoration work and identified areas for improvement. On the 2 days we were at the service, we witnessed a number of improvements, including painting and decorating of the entrance hall, toilets being replaced and the lift being repaired. We will follow this up on our next inspection.
- Some of the policies and procedures needed updating. We fed this back to the registered manager and nominated individual, and they told us they would ensure to review and update them.

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

- There was a positive atmosphere at the service and people were overall satisfied with the care and support they received.
- People spoke positively of the registered manager and how the service was run. Their comments included, "I'm happy here because all my needs are provided and it makes me feel relaxed and secure", "They treat me with respect and are always kind and thoughtful", "[Registered manager] is very nice and easy to talk to" and "The place seems to run well." A relative told us, "The staff know us by name and are nice to us and [person]."
- Staff felt supported in their roles and were able to speak up. Their comments included, "It's a lovely place to work" and "[Registered manager] is the best."

Working in partnership with others; 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 service worked with other agencies, including healthcare professionals, the local authority and community teams, to provide effective care to people.
- We observed positive interactions between visiting healthcare professionals and staff. A healthcare professional who visited the service regularly told us, "Staff and management are proactive. Staff know how to escalate concerns. There is good working partnership."
- The registered manager knew their responsibility to be open and transparent when things go wrong.

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

- Staff sought feedback from people routinely, which helped to improve the delivery of care.
- People were able to express their views in residents meetings and through day-to-day interactions with staff. One person told us, "They do ask me if I'm happy with things." Staff also maintained regular contact with people's relatives to seek their views and provide updates on people's needs and wellbeing.
- There were regular team meetings, in which staff shared ideas and concerns, and discussed issues about the service.