

David Mitchell

Elizabethlodge

Inspection report

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Date of inspection visit:
10 September 2019
11 September 2019

Date of publication:
01 November 2019

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 Lodge is a residential care home providing accommodation and personal care to 16 older people at the time of the inspection. The service can support up to 18 people.

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

People received a service which was not always safe, effective or well-led.

The provider did not have a robust procedure in place to ensure all new staff were safe to work in the home. People were asked for their consent for everyday care and support but there was not a system in place to ensure best interests decisions were made regarding an alarm system in the bedrooms. The registered manager had a system of audits in place to monitor the quality of the care provided. However, the auditing process did not identify the issues we identified during the inspection.

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; however, one policy in the home did not support this practice.

The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. People had assessments in place which identified risks to their health and action was taken to minimise the risks. People received their medicines as prescribed. The provider had processes in place to reduce the risk of the spread of infection.

People's needs were assessed before moving into the home, so the registered manager could be assured their needs could be met. People's needs were met by suitable numbers of staff. People were supported by staff who were trained and supported through the use of supervision and annual appraisal.

People felt cared for, were treated well and their privacy and dignity was respected. People were supported to eat and drink enough and had a choice of meals. People could choose where they ate their meals. People were supported to access healthcare professionals when necessary.

People and their relatives, when appropriate, were involved in planning their care. Individual care plans were in place for each person which covered their care, support and communication needs. The activities co-ordinator undertook group activities but also spent time with people in their rooms if they chose to stay there. People's end of life preferences and choices had been discussed with people and recorded in their care plans.

The registered manager had not received any complaints about the service. Staff and the registered manager liaised with other agencies to ensure consistency of care. The provider and registered manager promoted a positive culture. The registered manager was aware of the duty of candour. The registered

manager had formed working relationships with health and social care professionals. Regular testing and maintenance had been completed.

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 3 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We found evidence that the provider needed to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Elizabethlodge

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

The inspection was completed by one inspector.

Service and service type

Elizabeth Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC 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 the inspection

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 reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff, the registered manager and the provider.

We reviewed a range of records. This included four people's care records and four staff files in relation to recruitment. A variety of records relating to the management of the service, including risk assessments and audits were reviewed.

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 good. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- The provider did not have a robust procedure in place to ensure all new staff were safe to work in the home.
- New staff started working in the home before a full Disclosure and Barring Service or Adult First check had been completed. The registered manager understood that staff could work a "shadow shift" which meant they were supervised and did not undertake any personal care, before completing either of the checks. Whilst staff can start work, under supervision, with an Adult First check, these checks were not in place until after new staff started work.
- For one staff member, the application form did not show their employment history and did not have a photograph or evidence of identity.
- For a second staff member, the application form showed their employment history, but did not show the dates the person was employed. The staff member had previously worked in care but there was not a reference from the [then] current care employer. Checks had not been completed to evidence the reasons why the staff member had left previous care jobs, as far as reasonably possible.
- Whilst we found no impact on people using the service, the lack of appropriate employment checks meant that people may have been at risk of being supported by unsuitable staff.

The lack of a safe and effective recruitment procedure was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs were met by suitable numbers of staff. The rota included a variety of staff roles, such as care staff, an activities co-ordinator, kitchen staff, housekeeping and maintenance staff. The registered manager told us the staffing levels were based on the home being full. Extra staff could be rostered on shift if necessary, for example, if people's needs increased or if a person was end of life.
- The registered manager told us they did not use agency staff as the staff team was, "very committed and they swap shifts to cover."
- A visitor said there was "definitely" enough staff. They said, "[Staff] have time to talk to residents, chat and spend time with them. They have [had] the same staff, it is quite remarkable, it shows how much they care."
- A staff member told us, "[The registered manager] has just hired new staff. We are a good team, we all pull together, we have a plan and we help each other out. If there is a new person [who has moved in] they will put on more staff."

Assessing risk, safety monitoring and management

- People had risk assessments in place which identified individual risks, for example, around mobility and equipment used to support them to move around the home.
- The boiler cupboard was on the first floor corridor and was next to bedrooms. We found the door to the boiler cupboard was unlocked. There were hot pipes in the cupboard which could have put people at risk if they had opened the cupboard. The registered manager told us the cupboard was usually locked and they locked the door.
- A fire extinguisher was attached to the wall next to the boiler cupboard. There was a wheelchair and a stand aid hoist directly in front of the extinguisher and the boiler cupboard. This meant that if staff needed to get the fire extinguisher, they would have needed to move the equipment first. We brought this to the attention of the registered manager who moved the equipment straight away.
- The provider had access to a computer based risk assessment system. However, these were not personalised to the home. For example, the risk assessment regarding the laundry identified equipment, such as a crane, which was not in the laundry. This meant the risk assessments did not identify risks specific to the home.
- A fire risk assessment had recently been completed and the registered manager was waiting for the report. Fire safety records were maintained, for example, regular testing of fire fighting equipment.
- There was a risk assessment completed for Legionella. Records showed action had been taken to reduce the risk of Legionella bacteria being present in the water and regular testing was undertaken.
- Regular testing and maintenance had been completed, for example, on the electrical wiring and hoists.

Using medicines safely

- People received their medicines as prescribed. However, some people were prescribed pain relief medicines "as required" (PRN). There were not any PRN care plans in place to ensure staff offered the medicines consistently and appropriately. The registered manager told us staff would look for behaviour changes, they used a pain chart and that people were able to say if they were in pain.
- Some people needed their medicines to be given to them covertly, in food, which had been agreed by professionals. However, care plans did not give staff details about how this should be done to ensure the person received the complete dose. Staff knew people well but there was a risk they may not give the medicines in a consistent way. The registered manager said they would ensure these care plans were put in place.
- Medicines were stored safely and securely.
- Staff were trained in administering medicines and their competency was assessed by senior staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.
- A safeguarding concern had been raised by a third party. The registered manager worked in partnership with the local authority and the allegation was unsubstantiated.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection. This included the completion of cleaning schedules and audits.

Learning lessons when things go wrong

- The registered manager gave us an example of learning when something had gone wrong regarding an event held at the home. They had then made a decision that the event would not be repeated.
- The registered manager also told us about a problem they were having with a supplier. They arranged to use a different supplier before something did go 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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).

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.

- People's bedrooms had a built-in sensor system which detected people's movement. The system had been designed so that staff were alerted if people got out of bed at night.
- The registered manager said every room was alarmed at night, unless a person had specifically requested the alarm not be set. Most people were not considered to have capacity to consent to being monitored in this way and there had not been a formal best interests decision recorded.
- This meant that people's liberty to move around their bedroom without being monitored was compromised.

The lack of a system to ensure best interests decisions were in place was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw staff offering people a number of choices throughout the day and gaining their consent to support them.

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

- People's needs were assessed before moving into the home, so the registered manager could be assured

their needs could be met.

- The registered manager ensured they gathered as much relevant information as they could from the person, their relatives and professionals who knew them.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported through the use of supervision and annual appraisal.
- Training included; manual handling, first aid, infection control, fire safety and dementia awareness.
- Staff told us the training was appropriate and relevant. Training was provided in different ways, for example e-learning and face to face.

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

- People were supported to eat and drink enough and had a choice of meals. People could choose where they ate their meals.
- Menus were discussed at 'residents' meetings' and suggestions were sought for new ideas. For example, the registered manager told us teatime was becoming "routine", so the registered manager had made some changes after consulting with people.
- People could choose something different to what was on the menu. One staff member told us they had made one person a pasta dish as they knew the person liked it and they were trying to encourage them to eat. Staff were aware of what food people liked to eat, for example, at lunchtime, we heard a staff member say, "That's for [person's name], he doesn't like [part of the meal being served]."
- People had access to food and drink at different times, for example, one person did not sleep well and regularly got up in the night. They would ask for a sandwich and staff would make it for them. Another person had been sleeping a lot during the day and was offered main meals at night when they were more awake.
- A relative told us, "The food here is fantastic."

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the registered manager liaised with other agencies to ensure consistency of care. This included working with other health and social care professionals such as district nurses and the local authority social work teams.

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

- The home was built on three floors and all the bedrooms were en-suite. There was a lift between floors but people living at the home were mobile at the time of the inspection.
- The registered manager had considered the impact of the decoration scheme and colours, for people living with dementia. When a colour appeared to have an impact on a person's behaviour, they changed the colour again. People and their relatives were involved in choosing paint colours.
- The provider was in the process of changing the carpet in communal areas. The registered manager had considered the needs of people living with dementia and ordered a plain carpet.
- People could bring their own furniture and possessions into the home, so they had familiar things around them. The registered manager said one person had brought their own curtains when they moved in.
- Bedroom doors had photographs of the person whose room it was.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when necessary.
- Two visitors told us how staff had noticed their relative was seriously unwell and called the emergency services. For one person, there was no visible evidence of them being unwell, but staff knew the person well

enough to know something was not right. This meant people received the emergency health care they needed.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt cared for and were treated well.
- One person told us, "I love it, being here. I love the food and company. I get on with all the staff, ever so well, they're never miserable."
- Comments from visitors included, "It's absolutely brilliant here. I can't fault them. Staff spend time with [relative's name], they get his sense of humour. Nothing is too much trouble", "I can't think of a better place on the planet for [my relative]. The care is superb. It is not just a care home, they do care. It is wonderful" and "I love all [the staff], they get on so, so well with my [relative]. They care, every single one of them, they are so good with him. He is happy and he does more now."
- We heard one person saying they were experiencing some pain and staff noticed that the person felt very hot. Several staff, including the registered manager, spoke with the person and completed some basic health checks. They continued to monitor the person and were very concerned about their welfare.
- Staff told us people and their families were pleased to return to the home after, for example, some time in hospital. They saw it an achievement when people talked about 'going home'. They also said they really enjoyed working with people living with dementia. One said, "We enjoy spending time with people" and another said, "We can learn a lot from them."

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

- People were supported to express their views and were involved in making decisions about their day to day care.
- A visitor told us their relative made their own choices, for example what to eat and what to wear. They told us, "[My relative] tells me what clothes to buy for him and he put his clothes out the night before."
- During the inspection, we saw staff offering people choices of where to sit, what to do and so on.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff gave us examples of how they respected people's dignity whilst they supported them with personal care, such as gaining consent, closing the curtains and doors and holding a towel over them.
- We heard staff talking to people in a respectful way.

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 good. At this inspection this key question has remained the same. 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 and their relatives, when appropriate, were involved in planning their care.
- Individual care plans were in place for each person which covered their care, support and communication needs.
- The care plans were detailed and written in a way which respected the individual's abilities and choices.
- The provider employed an activities co-ordinator every weekday afternoon. The registered manager told us the activities co-ordinator planned activities each day but responded to people's needs on the day. The activities co-ordinator undertook group activities but also spent time with people in their rooms if they chose to stay there. Outside entertainers also visited the home.
- The registered manager sought opportunities for people to be part of the local community. They told us they had recently made links with a local school. Children had visited the home, performed a play, which people had really enjoyed, and stayed for tea. A future visit was being planned.

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.

- Some people did not always communicate their needs and wishes verbally. Care plans identified this and showed how people did communicate. For example, one person communicated their wishes by taking staff to different parts of the home.
- Staff told us how they communicated with people. One said, "We use hand signs and observe body language. We speak clearly, we sit with people quietly on their own to make eye contact, so they are not distracted. We can get things in large print."

Improving care quality in response to complaints or concerns

- The registered manager had not received any complaints about the service.
- The provider had a complaints procedure in place but this was not displayed or given to people and their relatives.
- The registered manager told us the complaints procedure was discussed at 'residents' meetings'. Following the inspection, the registered manager told us they had displayed a copy of the procedure in the main hallway.
- A relative told us they would feel able, "without a doubt" to make a complaint, if they needed to. Another relative said, "The feel of the place is so nice. All the residents are happy, I talk to them all."

End of life care and support

- People's end of life preferences and choices had been discussed with people and recorded in their care plans.
- A visitor told us their relative was involved in creating his own end of life care plan.
- A staff member told us that if a person was end of life, their family could stay with them all day and night. Staff would also sit with the person.
- Staff had received training in end of life care. One staff member said, "I think it is a privilege to work with people who are receiving palliative 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The registered manager had a system of audits in place to monitor the quality of the care provided. However, the auditing process did not identify the issues we identified during the inspection, particularly in relation to recruitment checks and best interest decisions which are detailed in the safe and effective sections of this report.

The lack of an effective system or process to ensure compliance with the requirements of the regulations was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also found the bath and shower room both had a 'bath list' displayed. This was a list of names regarding who had had a bath or shower. This could compromise people's privacy or confidentiality.
- There was not a lock on the shower room door. This could compromise people's privacy. The registered manager arranged for a lock to be fitted before we finished the inspection.
- The registered manager had put new audits in place, which included three monthly visits by the provider or their representative to look at the overall quality of the home.
- There were audits in place to ensure, for example, that cleaning tasks, maintenance and safety checks were completed.

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

- The registered manager, staff and visitors were clear regarding the role of management.
- The registered manager notified the Commission of any specific incidents or accidents. However, on one occasion there had been a safeguarding referral which we were not notified of. The concern was investigated and found to be unsubstantiated, but any referral must be notified to CQC.

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

- The provider and registered manager promoted a positive culture.
- A visitor told us the registered manager was, "Brilliant, I can't fault her, she knows when to phone or not phone and she is always available. She pops in on her time off because she wants to, because she cares. We are made to feel welcome, as family." Another visitor told us, "I couldn't imagine what more we could want, it is quite a special place."

- One staff member told us "[The registered manager] is always open to talking. She always seems to be there, and we can also talk to senior staff [and the provider]." Another staff member said, "It is like our second home, a second family."
- This meant people, relatives and staff felt able to talk to the registered manager.

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 registered manager was aware of the duty of candour and described the action they would take if this was necessary, for example, ensuring there was a written apology to the person concerned.
- Relatives told us the registered manager was approachable, open and honest.

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

- People were involved in the running of the service and their views were sought. The registered manager held 'resident's meetings' every six months. The meetings were used to discuss, for example, food and activities. Written minutes were kept and changes were made, for example, to the menu.
- The registered manager had recently sent a survey to relatives and friends. They had not yet analysed the results but we saw the responses were positive.

Working in partnership with others

- The registered manager had formed positive working relationships with health and social care professionals.
- The registered manager told us they had a good support network with district nurses and community care teams. They also told us they could always contact professionals with questions and could discuss any concerns or issues with them when they visited.
- The registered manager also said they had worked closely with the management of the provider's other home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent There was a lack of a system to ensure best interests decisions were in place regarding consent to room alarms.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of an effective system or process to ensure compliance with the requirements of the regulations.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed There was not a safe and effective recruitment procedure.