

Peaceform Limited

Eliza House

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Eliza House is a residential care home providing accommodation and personal care to 21 people aged 65 and over at the time of the inspection.

Eliza House can accommodate up to 26 people in one adapted building.

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

The provider had failed to embed and sustain improvements that had been made at the last inspection on September 2018.

We found similar issues as identified at previous inspections in relation to health and safety, infection control, care planning, activities and the overall management of the home.

Management oversight processes in place were ineffective and did not identify any of the issues we found as part of this inspection. The registered manager only worked at the home on a part-time basis which impacted on the quality of management oversight of the home.

Staff morale was low and staff expressed concerns around the disrespectful nature of senior managers.

Issues identified with cleanliness, infection control and maintenance of the home meant that people could be placed at risk of harm.

People were not always stimulated or involved in activities that promoted their well-being, especially when the activities co-ordinator was not available.

Poor staff deployment meant that communal areas were at times left unattended. This placed people at risk of harm.

Risk associated with people's health and care needs had been assessed and guidance was available to staff on how to keep people safe. However, for some people, specific individualised risks had not been assessed.

Care plans were detailed and person centred. However, where change had been noted, care plans had not been updated to reflect the change. This meant that care staff did not have the most current information available to enable them to respond to people's needs.

Language used within care plans did not always promote dignity and respect.

We have made a recommendation about supporting people effectively with their oral hygiene.

People received their medicines on time and as prescribed.

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.

Recruitment processes ensured that all staff had been assessed as safe to work with vulnerable adults were employed.

People and relatives complimented the care staff and found them to be kind and caring.

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

Rating at last inspection and update

The last rating for this service was Good (published 30 October 2018). However, the key question 'well-led' was rated as requires improvement. There were no regulatory breaches identified but improvements were required. At this inspection sufficient improvements had not been made and sustained and the provider was now found to be in breach of regulations 9, 12 and 17 of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

The inspection was prompted in part due to the provider previous history of non-compliance. Concerns had also been brought to our attention around infection control, activities and the care and support people received. A decision was made for us to inspect and examine those risks.

Enforcement

At this inspection, we have identified breaches in relation to the overall management and governance of the service, care planning and review and the lack of appropriate stimulation and activity provision for people.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts 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. One Expert by Experience visited the home to speak with people and visiting relatives. The second Expert by Experience made telephone calls to relatives to obtain their feedback.

Service and service type

Eliza House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed information we had received about the service since the last inspection which included notifications affecting the safety and well-being of people who used the service. We also sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, the registered manager, the deputy manager, senior care workers, care workers, one domestic staff, the cook and the activities co-ordinator. We also spoke with one visiting healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We spoke with seven relatives following the inspection to obtain further feedback. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management

- People may not have always been kept safe and could be placed at risk because of health and safety issues around the home.
- At the last inspection of Eliza House, the provider had made significant improvements in relation to the management of health and safety around the home. However, during this inspection we began to again identify similar concerns, highlighted in the past, around the home which had not been identified and addressed.
- Issues we identified included three radiator covers that were not safely affixed to the wall, hot and cold water taps in one bathroom running at 49 to 50 degrees, fire doors were wedged open and in one person's bathroom their toilet seat was broken.
- We also identified that the central heating, specifically on the ground floor, was not working. People's rooms were cold.
- The nominated individual explained that they had been experiencing recent problems with the heating but that this had been addressed. However, this did not seem to be the case, as the same rooms remained cold on the second day of the inspection when checked. Staff we spoke to stated that they had reported their concerns about the heating not working to the management. Provider and management audits and checks had not identified the issues we found.
- We highlighted all the issues we identified to the nominated individual and deputy manager who took immediate steps to address the concerns. On the second day of the inspection actions were taken to ensure the heating system was looked at and made fully functional.
- Other health and safety checks completed, to ensure people's safety, included checks and tests of equipment and systems such as fire alarms, fire evacuation plans, emergency lighting, gas and electrical safety, lifts and the home's hoists.
- Risks associated with people's health, care and support needs were assessed and detailed guidance was provided to all staff on how to support people to remain safe and manage their identified risk.
- However, we did find for some people, that some specific risks associated with people's medical and care needs had not been assessed. This included specific health conditions such as diabetes and behaviours that challenged. This was highlighted to the nominated individual and deputy manager who immediately rectified this and provided us with the relevant completed risk assessments.
- Staff we spoke with knew people well and described their care needs and associated risks which included information about what they would do to support people safely.

Preventing and controlling infection

- People may not always have been protected by the safe use of infection control procedures and practices.
- Although we found the home in general clean and free from mal-odours, we detected mal-odours in bedrooms relating to personal hygiene. The source of the mal-odours was primarily from people's mattresses.
- This were highlighted to the nominated individual and deputy manager who immediately replaced affected mattresses.
- We had also been informed by the local authority and the care home themselves, that the home had an infestation of bed bugs. We were given information about the actions that had been taken and that were scheduled going forward to eradicate the infestation.
- People were checked on a weekly basis to ensure that they were not being bitten or affected by the bugs.
- Staff had received training in infection control. Staff had access to personal protective equipment to prevent and control the spread of infection.
- The service had also recently been inspected by the food standards agency and were awarded a four-star rating. This gave us assurance that the service was following appropriate food hygiene procedures.

Staffing and recruitment

- Recruitment processes in place ensured that only those staff assessed as safe to work with vulnerable adults were employed.
- Staff files contained a criminal record check, proof of identity, conduct in previous employment and their employment history.
- However, for one staff member, we found inconsistencies in their employment file which included a criminal record check and evidence of conduct in previous employment that pre-dated their employment at Eliza House.
- We highlighted this to the nominated individual who confirmed that the criminal record check and evidence of conduct in previous employment had been carried forward from their last employment. The nominated individual stated they would address the issues identified.
- The provider assessed people's level of need and ensured staffing levels were set and maintained in line with people's dependency needs.
- We observed there to be enough staff available throughout the inspection to support people safely. However, we noted that there were numerous occasions where the communal lounge was left unattended, where at least eight to ten people spent most of their day. This left people at risk of falling if they tried to get up without the appropriate support.
- Relatives and staff also commented that there have been times when there have not been enough staff allocated especially in the afternoon and times when the lounge has been left unattended. One relative told us, "I spoke to them last Thursday. There are not always carers in the communal areas and I did witness a minor fall, but the carers reacted quickly." A staff member told explained, "Sometimes they make three staff in the morning and afternoons are two. Residents family complains. [Deputy manager] helps on the floor."
- We brought this to the attention to the nominated individual, who gave assurance that they would address staff deployment with the team. We were also told that the deputy manager and the nominated individual were also available in the home in addition to care staff to support where required.

Issues identified around safety management and monitoring, risk assessments, infection control, recruitment and staffing deployment meant that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place enabled and guided staff on how to safeguard and protect people from the risk of abuse.

- People told us that they felt safe living at Eliza House. One person told us, "I very much feel safe. They [staff] look after you." Relatives also confirmed that their relative was safe. Comments included, "Yes, he seems very safe" and "I do not think he is in any danger. I have not witnessed anything untoward."
- Staff had received training on safeguarding people from abuse and whistleblowing and explained the signs they would look for to identify abuse the steps they would take to report their concerns.

Using medicines safely

- People received their medicines on time and as prescribed. Systems and processes in place supported this.
- There were no significant gaps identified in recording. However, we did find omissions in recording of medicines that had been administered on Medicine Administration Records (MARs) for the previous month. These were brought to the attention of the senior care worker.
- Where people were receiving their medicines covertly, multi-disciplinary agreements were in place to ensure decisions had been made in the person's best interest. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- We checked a sample of medicines stocks and found that they corresponded with medicines records kept.
- Daily and monthly checks of medicine records and stock had been completed to ensure that people were receiving their medicines safely and as prescribed. However, these had not identified the gaps we identified in recording. Medicines were stored securely.
- Staff received the required training to administer medicines. Staff had also been assessed by the provider to confirm their competency in undertaking this task.

Learning lessons when things go wrong

- Accidents and incidents were recorded with details of the event, injuries sustained, and actions taken.
- The nominated individual explained that each accident or incident was reviewed and analysed with the team as soon as they happened. Analysis and learning also formed part of the agenda at team meetings. One staff member told us, "When someone had an accident we talk about how it happened and how to improve for it not to happen again."

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.

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

- People were not always supported to live healthier lives especially in maintaining their oral health care and hygiene.
- We visited people's bedrooms and found that not all people had access to suitable toothbrushes or toothpaste. Toothbrushes had become brittle and dry and toothpaste had become hard which suggested that people had not been supported to use them. Some people's bedrooms had no visible toothbrush or toothpaste available.
- We spoke with care staff about supporting people with their oral hygiene, who demonstrated a basic awareness of the importance of oral hygiene but told us that people did not allow them to help them.
- We showed and expressed our concerns to the nominated individual who stated that she was of the belief that everyone had been provided with oral hygiene equipment. Training had been delivered to staff around the importance of oral hygiene.
- This meant that people were not receiving and encouraged to receive the appropriate care and support with their oral hygiene and therefore were not always being supported to live healthier lives. We recommend the provider consider current guidance the importance of supporting people with their oral hygiene and take action to update their practice accordingly.
- People's health care and medical needs were clearly documented within their care plan. Where people required additional assistance and support, appropriate referrals had been made to a variety of health care professionals so that people received effective and timely care.
- Professional input was documented in people's care records with reasons for the specialist input. However, care plans and actions taken as a result were not always updated in the care plan. This has been further reported on under the 'responsive' section of this report.
- The staff team documented and communicated with each other through handovers and used daily handover records to enable effective exchange of information about people and their health and care needs so that the care and support could be delivered effectively.

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

- People's needs and choices were assessed prior to their admission to Eliza House. This enabled the provider to determine whether the service would be able to meet the person's needs effectively.
- Information gathered as part of the assessment included the person's medical history, moving and handling needs, falls history and personal care needs.
- However, we did find for two care plans that we looked at, that the pre-assessment had either got very

little information obtained or had not been fully completed.

- A care plan was then formulated based on the information obtained which gave staff information about the person and guidance on how the person wished to be supported taking into consideration any risks, special needs and requirements.
- Care plans were reviewed monthly, but we found that where there had been changes in people's needs, care plans had not always been updated to reflect the change. This has been reported on under the 'responsive' section of this report.

Staff support: induction, training, skills and experience

At the last inspection we identified that records of supervision and annual appraisals were not available. At this inspection we found that the provider had addressed this issue.

- All staff were supported through induction, training, supervision and annual appraisals to enable them to carry out their role effectively.
- People and relatives told us that they believed staff knew what they were doing and supported them and their relative accordingly. One person told us, "All the carers are very good." A relative explained, "They do know how to look after her. They coped with her difficult behaviour when she first arrived."
- New staff we spoke with explained that they received an induction when they first started work which included shadowing a more experienced member of staff who showed them what to do. Following this they received a combination of e-learning and face to face training in topics including safeguarding, infection control, first aid and moving and handling.
- All staff confirmed receiving regular training to refresh their knowledge. One staff member stated, "We do get training. This is on point."

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

- People were supported to eat and drink well.
- People's likes and dislikes in relation to food and drink and any specialist requirements were recorded in their care plan. Staff including the chef knew people well and were aware of their preferences around food and drink.
- People were observed to be offered choice around meals on offer and where people did not like the choice they had made, alternative meal options were available.
- People and relatives feedback about the food was positive. People told us, "The food is alright, no complaints" and "The food is good." Relatives commented, "[Person] can be a fussy eater. [Chef] will ask them if they want an alternative" and "Food is okay."
- Where people had cultural or religious dietary requirements these were catered for. Staff were aware of people's specialist dietary requirements and supported people accordingly.

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

- The home's design and decoration had been appropriately adapted to meet people's needs effectively.
- People were able to access most areas of the home. Dementia friendly signage and additional enhancement such as different coloured bedroom doors, memory boxes containing personal memorabilia outside each person's bedroom and photographs were visible around the home. This enabled people to find their way and locate specific areas around the home.

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 told us that staff always asked their consent and explained to them what they were doing, whilst they were being supported. One person told us, "All of the carers are very good. Oh yes, they ask especially with food. If I don't like it, I say."
- The service had an overview in place which recorded when DoLS had been applied for and when they were due for re-authorisation.
- Where DoLS authorisations were in place these had been clearly recorded within people's care plans along with any applied conditions and how the service was to meet those conditions.
- Mental capacity assessments had been completed for people where specific decisions needed to be made in people's best interests. These included decisions made for areas such as consenting to bed rails, medicines to be administered covertly and supporting with personal care.
- Care staff demonstrated a good understanding of the basic principles of the MCA and how these were to be applied when supporting and caring for people.

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 now deteriorated to requires improvement. This meant that although people were generally supported and treated with dignity and respect; and involved as partners in their care, issues identified as part of the overall inspection process did not promote the caring nature of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us that care staff were respectful of their privacy and dignity. One person said, "The staff knock when they come in." Another person told us, "They [staff] knock on my door and are very polite." One relative told us, "They definitely treat him with dignity and respect."
- Care staff told us about how they respected people's privacy and dignity. Examples they gave included knocking on people's bedroom doors before entering and protecting their privacy when supporting them with personal care.
- However, written records did not always promote people's dignity. We saw people's care plans and records within these that named them as someone else. One care plan and records within these referenced and identified the female person as a 'he'. The nominated individual was shown examples of what we found who told us these errors would be addressed.
- People were encouraged to be as independent as they could be where possible. One person told us, "The staff listen to me and encourage me to do things for myself."

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

- Although people spoke positively about the care staff and the overall care that they received, ineffective audits which failed to identify the issues we found as part of this inspection process and poor management oversight did not demonstrate a caring service.
- People's feedback included the following comments, "The staff are nice, very nice. Am quite content here. The staff are polite and use the name that I like", "The staff are very good, excellent. There isn't one I wouldn't recommend for another job" and "Yes, the staff are caring. Oh, yes, there is a nice feeling."
- Relatives told us that their relative was treated well and expressed no concerns with the care that they received. Comments included, "I think she is pretty well cared for" and "I have every admiration for the staff. They are very kind to him. Very courteous. He is very happy there."
- We saw that care staff knew people well and that positive relationships had been established between people and staff. One visiting healthcare professional described the care staff as, "The carers are wonderful. The carers I couldn't fault."
- People's religious and cultural beliefs had been recorded in their care plan. We saw posters around the home detailing visits by members of a church to conduct a church service.
- Staff demonstrated an understanding and awareness of people's diverse needs and ensuring equality regardless of their gender, sexual orientation, race and religion. One staff member told us, "It's about treating people like how you would want to be treated and we are all equal."

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

- We observed people being involved by staff in making decisions about how they wanted to be cared for. Throughout the inspection, we saw care staff asking people about how they wanted to be supported. Choice was offered, and people's responses were respected.
- Care staff knew people well and were aware of people's preferences and supported them accordingly.
- People and relatives were asked to engage and participate in residents and relatives meetings where they were encouraged to give ideas and suggestions about care delivery and the management of the home.
- Relatives confirmed that they had been involved in the care planning process.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People may not have been receiving care and support that was responsive to their needs and choices.
- Care plans were detailed, person centred and gave in-depth information about the person, their life and their likes and dislikes.
- However, even though care plans were reviewed monthly, where changes in need had been identified and noted, the relevant sections of the care plan had not been updated and changed.
- Where reviews had taken place 'no change' had been documented in sections where change had been noted elsewhere.
- For example, one person who had developed pressure ulcers, the relevant section of their care plan had not been updated to reflect this change and the support that the person would require as a result.
- Another person had been assessed by a speech and language therapist and recommendations had been made around safe feeding strategies to minimise the risk of choking. These recommendations had not been updated in the relevant parts of the person's care plan.
- Language used within care plans was seen to be very technical, complex and difficult to understand.
- There was a lack of attention to detail when writing care plans. People were named as other people within the care plans and females were referenced as males.
- Where monitoring charts had been implemented for people in response to specific needs such as turning charts or monitoring of food and fluid, we identified gaps in recording and in some cases, recording was incomplete.
- All of the above meant people were not always receiving the required care and support that was responsive to their needs. The issues identified above are similar to those found at previous inspections of this service.

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

- People were supported to maintain their relationships with their partners, family and friends. Care plans gave background information on people's current relationships.
- Visitors were welcome to the home. However, a poster was on display at the entrance of the home stating visiting hours were from 10am to 8pm and requesting relatives to respect residents' privacy at meal times. One relative told us, "The home doesn't like visitors at meal times. There is a note on the door saying not to come in at protected mealtimes."
- The service should ensure that visitors are encouraged to visit and interact with people at mealtimes to ensure that mealtimes are social occasions.

- At the last inspection in September 2018 we had seen noted improvements with the provision of activities at Eliza House.
- An activity co-ordinator was in post, who was responsible for planning and delivering a variety of activities at the home. Activities included ball games, exercise sessions, karaoke, board games, arts and craft and baking. Photos were on display of people participating in the activities.
- The activities co-ordinator also told us of visits and outings to the local garden centre, coffee shops and the local town.
- Relatives spoke positively about the activity co-ordinator and said, "The activities co-ordinator tries to get everyone involved" and "She [activity co-ordinator] gives him history quizzes because he used to teach that subject and he goes on outings. The coordinator is very good once she had understood his background."
- However, during the two days of the inspection, we observed very little in terms of organised activity delivered by care staff especially when the activity co-ordinator was not available.
- The activity co-ordinator was only available in the afternoons from Monday to Friday, therefore we were not assured that people were encouraged to be involved in any form of stimulating activity during their absence.
- Care plans, although they were person centred and listed people's likes, dislikes, hobbies and interests, these were not always reflected in the current activities provision within the home.

Issues around care plans not always being reflective of people's needs and the lack of appropriate activities and stimulation outside of the activities co-ordinator provision meant that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Information had been recorded in people's care plans about their communication needs and how they were to be supported with these.
- Where people had communication aids such as glasses and hearing aids, this had been detailed in the person's care plan.
- We saw staff communicating with people in ways which were personalised to the person and took into consideration differing needs and methods.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to record and investigate complaints that were received.
- A poster on how to complain was on display at the entrance of the home.
- Not all people we spoke with knew who to speak with if they had any complaints to raise. However, they also told us that they had no concerns at present. One person told us, "Nothing has happened to upset me. The staff listen to me." Another person stated, "I don't know who I would complain to. I am quite content."
- Relatives did know who to speak with if they had any complaints or issues to raised and were confident that these would be addressed appropriately and in a timely manner.

End of life care and support

- People and their relatives had been able to express their wishes about the care and support that they and their relative wanted to receive at the end of their life. These had been clearly documented within their care plan.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented

within their care plan. Records showed healthcare professionals, people and relatives had been involved in these decisions.

- Staff had received end of life training to ensure that they were appropriately skilled to deliver the care and support that was responsive to people's and their relatives needs during that time.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- At the last inspection we had rated the key question of 'well-led' as requires improvement as the provider was required to demonstrate that where issues had been previously identified and improvements made, that over time these improvements had been embedded and sustained. However, during this inspection we found this was not the case.
- The home lacked managerial oversight. The registered manager was not always available at the home and only worked there for two days a week. In the absence of the registered manager, the home was managed by the nominated individual and deputy manager. This impacted on the overall management of the home.
- The registered manager did not fully understand their regulatory responsibilities and believed their role to be to support the deputy manager until a full-time registered manager was appointed by the provider to take over his role.
- Eliza House has been inspected three times since June 2017. Following two inspections in June and December 2017 we issued warning notices in respect of Regulations 12 and 17 due to issues identified with health and safety and the lack of consistent and effective management oversight.
- We found re-occurring issues similar to those found at previous inspections. We have found the service to be in repeat breach of Regulation 9 and 12 of the Health and Social Care Act 2008.
- Individualised risk assessments had not been completed for people where specific risks had been identified in relation to specific health conditions or behaviours that challenged.
- We found a number of health and safety concerns and infection control issues around the home, ineffective staff deployment, lack of structured activities in the absence of the activity coordinator, care plans were not always reviewed and updated in response to people's changing needs and inappropriate reference to people which did not respect and uphold their dignity.
- The nominated individual, deputy manager and registered manager completed a wide range of checks and audits which covered areas including health and safety, medicines management and care plans. However, none of these checks and audits identified the issues we found as part of this inspection.
- The nominated individual also showed us annual reviews and analysis of audits and checks that had been completed since the last inspection. However, these again did not identify any of the issues we found as part of this inspection.
- We continued to find that the registered manager, deputy manager and the nominated individual were working from different action and improvement plans which meant that areas for action may be missed or where actions were taken this may not have always been documented.
- Repeat issues and concerns found throughout the inspection did not evidence that the provider and the

registered manager promoted a culture of continued learning so that ongoing and sustainable improvements could be made to the quality of care that people received.

- Ineffective management oversight and the lack of accurate and complete records meant that people could be placed at risk of receiving care that was not safe, effective, caring and responsive to their needs.

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

- The provider and registered manager did not always plan, promote and ensure people received person centred and good quality care.
- People and relatives were not always aware of who the registered manager was and where this was known, relatives in particular told us that the registered manager was not always visible around the home. We were told that the deputy manager and the nominated individual was whom they saw regularly.
- People's feedback included, "The manager changes, sometimes it is [registered manager] but, I don't get involved", "I don't know who the manager is, I don't know who I would speak to" and "I know [registered manager] but I think that there is another one."
- Relatives told us, "The manager is not the best in the world, but seems okay", "I saw the registered manager when we arrived. He reassured us as a family but, not seen him since" and "I have seen a few managers come and go. [Registered manager] is only here once in a while. The assistant manager is here. [Nominated individual] is here more often."
- Although staff we spoke with told us they felt generally supported by the registered manager and deputy manager, they also highlighted to us a culture of disrespect created by the nominated individual.
- Feedback from staff included, "Sometimes [nominated individual] is not approachable, most of the time she is rude", "[Nominated individual] is fine, but she could calm down a bit and sometimes she could listen rather than shout" and "Management is not good. There is no need for shouting. [Nominated individual] will blow up" and "To tell the truth. I don't talk to [nominated individual]. I come, and I work. If I see her shout or use bad language. I just walk away." We brought these concerns to the attention of the nominated individual during feedback of this inspection.

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

- Since the last inspection, the provider had submitted statutory notifications, where applicable, as part of their statutory responsibilities.
- However, in the absence of the registered manager, we were not assured that the deputy manager and the nominated individual fully understood their responsibilities around notifying us of significant events occurring within the home.
- Two days post inspection, an incident occurred which had required the service to call the police and was also a safeguarding concern. Incidents of this nature are notifiable 'without delay' to the CQC. However, although we had immediately been informed of the incident by the local authority, we did not receive any notification from the provider, until we specifically called the deputy manager, one week later, and asked for the relevant notifications to be completed.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate safety and the overall management of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the nominated individual, told us that they were working in partnership with the local authority to implement the required improvements. A service improvement plan was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and professionals were asked to engage with the service and give their feedback about the care and support that they and their relative received through the completion of satisfaction surveys, resident and relative's meetings.
- Satisfaction surveys completed periodically focused on a specific topic which included activities and food. Feedback was generally positive and where issues were noted, an action plan was in place to address these.
- Care staff told us and records confirmed that regular staff meetings enabled them to share experiences, learn from each other and make suggestions. One staff member explained, "When someone has an accident we talk about how it happened and how to improve for it not to happen again."
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, district nurses, GP's and the local authority.

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 9 HSCA RA Regulations 2014 Person-centred care People were not always receiving care and support that was person centred and took into account their preferences and wishes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe care and treatment and were not always protected from the risk of avoidable harm.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place for identifying issues, improving service provision and sustaining improvements were not effective. The lack of appropriate management oversight meant that people did not always receive good quality care and support.</p>

The enforcement action we took:

We issued a Warning Notice on 6 December 2019.