Welwyn Garden City Housing Association Limited

Elizabeth House Residential Care Home

Inspection report

Elizabeth Close
Moors Walk
Welwyn Garden City
Hertfordshire
AL7 2JB

Tel: 01707338821
Website: www.wgcha.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 9 February 2016 and was unannounced.

Elizabeth House Residential Care Home provides accommodation and personal care for up to 54 older people, some of whom live with dementia. There were 48 people living at the service on the day of our inspection.

At their last inspection on 20 January 2014, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet the standards. However, we found that there were some areas that required improvement. These were in relation to the management of medicines and ensuring that people felt involved in planning their care.

People's medicines were not always managed safely. We found that there were issues with some of the quantities and records relating to medicines. Also, although care plans included person centred information that indicated people had been involved in the process, people did not recall being consulted.

There was an interim manager in post who had applied for their registration with the commission while they were recruiting for a permanent manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working in accordance with MCA and appropriate DoLS applications were pending.

People received care that met their needs and care plans were written in a way to provide staff with appropriate guidance to provide safe care. People were protected from the risk of abuse as staff had a good understanding of recognising and reporting concerns. Risks to people's health and welfare were assessed and reviewed as regularly.

Staff received appropriate training and supervision. They felt supported by the management team and provider. Staff underwent a robust recruitment process and there was sufficient staff to meet people's needs. People, relatives and staff were positive about the management of the home and there were systems in place to assess the quality of the service.

People were supported to eat and drink enough to maintain their health and had regular access to health care professionals. There were activities provided, however, the activity organiser had recently left which had meant there was a recent drop in activities. This was being addressed. People were asked for their feedback through surveys and meetings. We saw complaints were responded to appropriately.

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 consistently safe.

People's medicines were not always managed safely and this requires improvement.

Peoples individual risks were assessed and staff were aware of how to manage these.

People were supported by sufficient numbers of staff who had been through a robust recruitment process.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training and supervision.

Consent was sought before providing care to people.

People received support to eat and drink well.

People had access to health care professionals.

Is the service caring?

Good

The service was caring.

People did not always feel involved in planning their care.
People were treated with dignity and respect.

People said staff were kind and caring.

Privacy and confidentiality was promoted.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs and care plans gave guidance to staff.

People enjoyed a variety of activities, however, there had been a recent decline as the service was in between activity organisers.

People's feedback was sought and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People were positive about the management of the home.

There were systems in place to assess the quality of the service, however, further development was needed in relation to demonstrating action taken.

There was a people first culture at the home shared by the provider, manager and staff.

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Elizabeth House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2016 and was carried out by two inspectors. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 12 people who lived at the service, five relatives, seven care staff, three care managers, the chef manager and the interim manager. We also received correspondence from the provider after the inspection. We received feedback from health and social care professionals and viewed nine people's support plans. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. We saw that there was a record of staff signatures, and that there were care plan's for medicines that were prescribed on as needed basis and administration signatures were consistent. However, we also found that there were shortfalls. We counted six boxed medicines and of these we found that three boxes contained the wrong quantity of tablets and another which we were unable to reconcile, as the records of the medicine received were incomplete. This meant that people's medicines had not been administered as prescribed.

We also found that checks completed on the medicine administration had identified issues since December 2015, mainly in relation to recording practices, but these issues were ongoing and had not been resolved. However, following the inspection the provider told us what immediate action had been taken to address the issues. This included an urgent meeting with staff who administered medicines; an audit by the manager during the inspection; additional competency assessments for staff and they had sought advice from another care provider to help ensure the ongoing issues were resolved. This reassured us that although it was an area that required improvement, appropriate steps had been taken to ensure they work in accordance with regulation.

People felt safe living at the service. One person said, "I do feel safe here. I am very happy here." Relatives told us that they felt people were safe. One relative said, "We are absolutely sure [family member] is kept safe." We saw that there was information displayed on how to recognise and report abuse and that staff had a good understanding of what action to take if they suspected a person was at risk. There was a regular meeting held where the management team discussed bruises and skin tears to help ensure that all were able to be tied to an incident, such as a fall, to help satisfy themselves people were not at risk.

Accidents and incidents were reviewed weekly to ensure all appropriate actions had been taken. This included referrals to health professionals, testing for infection and providing additional equipment such as a sensor mat to alert staff to the person's need for assistance. There was also a care plan which was followed which checked people's footwear and for any other factors, such as visual impairment. They were then reviewed monthly and three monthly to see if there were themes or trends emerging. This helped to ensure that appropriate steps were taken to reduce the risk of a reoccurrence.

People had their individual risks assessed and plans put in place to reduce the risks. For example, moving and handling, falls management and pressure care management. Staff were aware of these assessments and knew how to help ensure people were safe. For example, we observed staff supporting a person to transfer with the hoist and they worked safely and in accordance with the person's risk assessment.

People who lived at the home, relatives and staff members expressed mixed views about staffing levels. Most people told us they thought there were enough staff available to meet their care and support needs. One relative said, "There is definitely enough staff, always two when a hoist is used." However, people and staff also told us that in the absence of dedicated activity coordinators, care staff did not have the time to organise or provide either 'one to one' or group activities. One staff member said, "There is enough staff for

basic care but not enough for activities which is a shame. We could do with more staff." We were told by the manager that a new activity organiser was due to start the day after the inspection.We saw that people's needs were met promptly and call bells only rang for a short period of time. We viewed the rota and saw that this was completed in advance of the next few weeks to help ensure they were aware of any shifts that required covering. We saw that shifts were covered consistently and staff confirmed that this was the case.

Recruitment files contained all appropriate documentation to help ensure staff employed were fit to work in a care environment. These included application forms, written references and criminal records check.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role and told us they had confidence in the staff who looked after them and were positive about their skills, experience and abilities. One person said, "I would give the staff 100%." Staff received face to face training and underwent competency assessments to ensure that they understood their training and worked in accordance with it. One staff member said, "We are well trained and kept up to date every year, for example in MCA, DoLS and safeguarding."

Staff received regular one to one and group supervision sessions. The competency assessments were completed as observed supervision in the months between these meetings. This helped to ensure that staff were supported and guided appropriately and worked in accordance with the manager's standards. One staff member said, "The management team are very helpful, very supportive." They went on to say of the manager, "[They] are very nice, always checks I'm ok, that I'm happy." Another staff member said, "We sit down once per month to discuss strengths and weaknesses."

People were asked for their consent before being supported with care and were given choices prior to care, how to spend their day or when choosing food and drink. However, we did observe that staff at times reverted to what they thought was best rather than what people had chosen. For example, one person had requested lemonade for a drink and a staff member went and got it. However, on returning with it, another staff member told their colleague that they didn't want the person to have lemonade during the morning as it made them 'gassy' so the person was given orange juice. We discussed this with the manager who told us they would ensure staff worked consistently in accordance with people's choices.

People who were unable to make their own decisions had their capacity assessed and where needed, best interest decisions were recorded following involvement with their relatives. We also saw that DoLS applications had been made, mainly in regard to residing in a home with key coded doors, and these were pending an outcome. However, least restrictive options were practised during this time with people having ample opportunity to go out and free access to the garden.

People received a choice of meals and a variety of food. People had mixed views about the food. One person said, "The food is good." However, another person said, "The food is fair, a bit like hospital food. We get to choose in the morning." We saw that there was a choice of what to have for breakfast, including a cooked breakfast and two choices at lunchtime. We also saw that when lunch was served, people were shown both meal options to help them choose which one they wanted. Breakfast and lunch in the Alexander suite was sociable and relaxed, people were encouraged into conversation and extra helpings were offered. We saw that when a person needed help to eat, a staff member did so in a calm and respectful manner, chatting as they sat with the person.

In the main part of the house, it had a busier feel, partly due to a larger number of people being served. We noted that three people who required support to eat outside of the dining room did not receive support promptly. We also noted that one person kept being left by a staff member during being supported to eat.

This did not encourage the person to eat all of their meal and they did not finish it. The catering team were knowledgeable about people's likes and dislikes and any dietary needs. We also found that the catering manager was well informed about nutrition and individual needs in relation to this and was passionate about providing a nutritious and enjoyable meal. People who were at risk of not eating or drinking enough were closely monitored and they were discussed weekly by the management team to help ensure all necessary steps were being taken to maintain the welfare. Relatives told us that people were given enough support with eating and drinking. One relative told us, "They [staff] are good with food and fluids." Another relative said, "[Relative] is fed well, their nutritional needs are met. The food is OK, lots of water and juice. They also have tea and cake."

People received regular contact with health care professionals as needed. One person said, "They [staff] are very good at getting me to see a GP when I need one, as soon as you say anything they get the doctor in and they [staff] have taken me to hospital appointments." We saw that the GP and district nurses visited regularly and referrals to others, such as the dietician, mental health team and occupational therapist were done so appropriately. We also saw that there were regular visits by an optician, dentist, hairdresser and chiropodist. Health care professionals told us that they felt the staff were knowledgeable about people's needs. We saw that staff developed a list of people who needed to see a healthcare professional and the reason why. This helped to ensure issues were not missed and we also saw that relatives were informed of outcomes of appointments.

Good

Is the service caring?

Our findings

People and relatives told us they had not been involved in the planning of care and support provided and did not recall having seen or signed any plans of care to evidence their agreement or consent. One person told us, "I don't remember seeing any care plans or signing anything." One relative also told us, "Nothing to do with care plans, not seen or signed anything. No reviews." When we checked people's plans of care, risk assessments and reviews we found that they did not adequately reflect people's involvement in or agreement to their care. However, we noted that preferences and wishes, along with life histories were recorded in people's plans which indicated that people must have been consulted during the process to enable staff to obtain the information. We also saw that letters were sent to relatives inviting them to participate in planning people's care. There was some record of relative involvement. However, we noted that staff at times deferred to what the relative thought about the care individuals received and did not mention what the person thought. We discussed this with the manager about how they may ensure people were aware they were participating in the planning of their care. This was an area that required improvement.

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person told us, "I have a good key worker. All of the staff are very kind and caring." Another person told us, "It's very good here, the staff are very kind and really caring, they are very pleasant people and I couldn't ask for more. I am very pleased to be here." Relatives also told us they found staff to be kind and caring. We found, and our observations confirmed, that staff had developed positive and caring relationships with the people they supported. For example, we saw a staff member showing a person one of their broaches from their room. The person was happy to see it and they chatted about when they were going to wear it. We saw that staff made sure people had blankets and heard staff saying, "I'm just popping this on so you don't get cold, OK?" The person was unable to respond verbally but smiled at the staff member. We saw one staff member attend a person who was putting their legs over the arm of a chair. The staff member offered a more comfortable position, including fetching a footstool to use. However, the person said they were comfortable so they were left to relax. Key workers were very knowledgeable about people's needs and how to meet them. One staff member said, "It's important to know people really well and treat them as individuals as they are all different." People were also supported to maintain their relationships with family and friends as they were welcomed into the home when they visited.

People told us that staff were respectful of their privacy and described how they preserved and promoted their dignity by ensuring that personal care was carried out in private with bedroom doors closed. One person told us, "Staff treat us with respect, that's very important to us." During our inspection we saw that staff knocked people's bedroom doors and asked for permission before they entered. We also noted that people's confidentiality was promoted. Staff spoke discreetly when sharing information and we saw that all care records were stored securely.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. One person told us, "I'm very pleased with it here, I'm being well looked after. All of my care needs are definitely met, I'm happy here." Another person said, "I am happy that I'm well looked after." Relatives also told us they were happy with the care that people received. One relative said, "I am happy that [family member's] needs are met."

People had care plans which provided staff with clear guidance on how to provide care and support. These plans were supported by mini care plans which gave a summary of needs for a quick reference guide to enable to staff to keep their knowledge of people's needs current. In addition there were daily handovers to inform the next shift of any changes. We saw that plans were updated and reviewed regularly.

The home's activities organiser had left two weeks prior to the inspection and there was newly appointed staff member about to commence employment. This meant that although normally there were several activities provided, people told us that the past few weeks these had declined. One person said, "There are not enough activities at the moment because the [coordinators] left." Another person said, "Activities were really good but the two [coordinators] have left; now there is nothing." Staff also told us that this had impacted on the activities provided. One staff member said, "We don't have time to do activities." However, prior to the activity organiser leaving there was evidence of several activities. These included arts and crafts, Zumba and flower arranging. We noted that the home had visiting entertainers too. These included singers, a pet therapy dog and a manicurist. People also went out regularly, with the most recent being a large group going out for a Chinese meal. The home was supported by a volunteer who drove the mini bus to enable people to go out and about. The manager told us that the new activity organiser had some innovative ideas and this was a key part of their interview process.

There was a complaints procedure and people were aware of it. We noted that all complaints had been recorded appropriately and responded to within the timescale set out in the procedure. Feedback to complainants included the outcome of any investigation and action taken to resolve the issues. We also saw that complaints were shared with the local authority in accordance with their contract.

People were asked for their feedback through meetings and surveys. We saw that the most recent survey was starting to receive responses which were positive with no remedial actions needed. We also saw that meetings asked people for their views and any actions were recorded. For example, a person wanting a new mattress. We saw that this had been completed.

Good

Is the service well-led?

Our findings

People were positive about the management of the home. One person said, "The managers are wonderful." However, most people referred to the duty managers, rather that the interim manager as the responsible person for the home. The registered manager for the service left in May 2015 and the position was covered with an interim manager following a month long handover to reduce the impact on the service. At the time of the inspection the interim manager was still responsible for the home and the provider was recruiting for a permanent manager. They were supported by duty managers who were on duty day and night on a rota basis.

Relatives were also positive about the management of the home. one relative said, "The manager is fantastic." Professionals also praised the management of the home and one told us that since the new manager started at the home, they had made a big difference. For example, in regards to processes and systems in place.

Staff were also positive about the leadership of the home. One staff member said, "The managers are good and I feel valued and well supported." Staff also told us that they could, and frequently did, contact the manager for advice in their absence and in addition, they were able to contact the provider. We noted that duty managers ran the shifts and gave staff support on a day to day basis. However, we were also told that when the manager was on duty they were regularly around the home ensuring the home was running as it should. The provider told us that while they were awaiting the appointment of a permanent and full time registered manager, they provided management support. They also told us about additional support provided, such as office support during weekends.

The provider, manager and staff all shared the same view that people came first. The home was a welcoming environment and made to feel homely. For example, family photos in communal areas. People felt that they came first and enjoyed living at the service. One person said, "I couldn't have come to a better place." Another person said, "I love it here."

There were a number of quality checks in place at the service. These included weekly meetings to discuss people's welfare, senior staff meetings to discuss key topics, such as change to policy, ways of working and lessons learned and audits for medicines, care plans and health and safety. However, we saw that where issues were identified, for example, in relation to medicines or care plans, there was not always a clear plan of action. The management team told us that they discussed the information and shared it with the staff team, but did not always regard this formally or record when actions were completed. The manager told us this was something they would further develop to help ensure they were able to demonstrate all the work that they do to address shortfalls.

Following our inspection we received feedback from the provider informing us of the immediate action they had taken in regards to the management of medicines. They told us they had sought advice from other care providers, held a meeting with staff who administer medicines and provided additional competency assessments. We also saw that actions from an inspection by the local authority had also been addressed.

For example, the introduction of competency assessments which we saw were happening regularly. This reassured us that the appropriate action had been taken to address the issues found on inspection and demonstrated that they were committed to working in accordance with the regulations.