

# Cumbria County Council

# Elizabeth Welsh

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 unannounced inspection took place on 11 February 2016. We last inspected Elizabeth Welsh House in September 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Elizabeth Welsh House is a purpose built care home providing accommodation and personal care for up to 40 older people. It is situated on the outskirts of Carlisle with a direct bus link into the city.

The bedrooms are for single occupancy and there is plenty of communal space for residents to enjoy. The home has three units each of which has bedrooms and a lounge with a dining area. There are toilet and bathing facilities in all parts of the home and a lift to access the upper floor.

The service had a registered manager in post. 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.

People who lived in Elizabeth Welsh House told us they felt safe living in the home. Relatives told us they were very satisfied with the safety of their family members. Relatives also said they were pleased with the support and caring attitude of all the staff.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate during the day and the service now employed three members of night staff that were currently necessary to meet the needs of those using the service and to promote their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We spent time with people in all areas of the home. We saw that the staff offered people assistance and took the time to speak to people and take up the opportunities they had to interact with them and offer reassurance if needed. We saw that the staff approached people in a friendly and respectful way and people we spoke to who lived there told us that it was a "comfortable" place to live to live in.

The registered manager provided details of the staff training that evidenced staff training was up to date although some updates were being planned to ensure all the staff were completely up to date and able to provide the correct level of care and support. Staff confirmed they received training appropriate to their roles within the staff team.

People had access to external health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines administration records were now up to date following a medicines inspection in August of last year.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. Drinks were available throughout the day. People told us "We have a choice of meals and if there is anything we don't like we can ask for something else". Only one person was less than happy with their meals and we did discuss this with the registered manager.

Medicines were being safely, administered and stored and we saw that accurate records were being kept of medicines received and disposed of so all of them could be accounted for.

We saw evidence that staff recruitment and selection was robust and guaranteed only suitable people were employed to care for and support people using this service.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

People knew how they could complain about the service they received and information about this was displayed in the foyer area of the home. People we spoke to were confident that action would be taken in response to any concerns they raised. People told us they felt comfortable giving their views about the service and what they wanted in their home. Relatives told us that if they had cause to complain about anything, and that was rare, the matter was dealt with as soon as possible.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

We found that medicines were handled safely and people received their medicines as prescribed. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

People told us they felt safe living in Elizabeth Welsh House. Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Staff had been recruited safely with appropriate pre-employment safety checks.

### Is the service effective?

Good ●

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Staff training appropriate to people's roles and responsibilities was in place.

### Is the service caring?

Good ●

The service was caring.

People told us that they felt that they were well cared for and were happy living in the home.

We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Staff demonstrated good knowledge about the people they were supporting in particular their likes and dislikes and preferred daily routines.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were reviewed regularly and any changes were responded to quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised.

### Is the service well-led?

Good ●

The service was well-led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to and acted upon.

Quality audits were used to monitor care planning, medication management, the environment and service provision.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

# Elizabeth Welsh

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was took place on the 11 February 2016 and was carried out by two adult social care inspectors.

A Provider Information Return (PIR) had not been received in respect of this service. However, after checking our records we were unable to trace a PIR being sent to the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document would have provided us with the key information about the service and its plans for the future.

Before our inspection we reviewed the information we held about the service. We also sought the views of the commissioners of services and health and social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

As part of the inspection we looked at records relating to the use of medicines and assessed medicine management, storage, administration and disposal. We looked at a total of four care plans.

During our inspection we spoke to five people who lived in Elizabeth Welsh House and two relatives who were visiting the home during our inspection. We spoke to two members of the care staff team, two supervisors and the cook. We spent time with the registered manager and toured the building looking at the environmental standard of the home. We also spoke to the operations manager responsible for this service as he was in the building during the latter part of our inspection.

We observed the interactions between the care staff and the people they supported in all parts of the building. We looked at care plans and records held containing details of the systems used to monitor the provision of care and operation of the service.

# Is the service safe?

## Our findings

The people we spoke to during our inspection told us they felt safe living in Elizabeth Welsh House. They said, "Yes I feel safe. The girls are very good at making me feel I am not a bother". Visiting relatives had only positive comments about the safety of the people who lived in Elizabeth Welsh house. They said, "I have no worries about my relative's safety. It is one of many boxes I have ticked off".

We found the staffing levels to be sufficient to meet all the assessed needs and keep people safe from the risk of harm or abuse. There were 22 people living in Elizabeth Welsh House on the day of our visit and there was a total of six members of care staff on duty in the morning and five members of care staff on duty in the afternoon. There was also a supervisor on duty all day and that, together with the registered manager, made up the care staff complement. The registered manager confirmed that there are usually 6 members of care staff on duty throughout the day but sometimes this is reduced to 5 for certain periods due to sickness or holidays. We were given copies of four weeks staff rosters that confirmed the staffing numbers. There were three members of waking night staff throughout the week.

We asked the staff if they thought there was enough staff to care for the people who lived in the home and they said, "Yes, at the moment as we only have 22 people to care for but if the numbers increase we would need more staff".

We looked at the training records for the service and found that staff had completed training in safeguarding people from the risk of harm or abuse. The manager confirmed that some staff were due to complete a refresher course in this subject. We spoke to staff about safeguarding vulnerable people and they showed a good knowledge of the subject. They understood the various forms of abuse that could happen and they were adamant they would speak to the supervisor or the registered manager if they heard or witnessed anything that gave them cause for concern. When asked one member of staff said, "Yes, I am confident I would be listened to and the right action would be taken".

The provider had procedures in place to make sure only suitable people were employed to work in their services and provide a safe environment. Up until recently there had been a low turnover of staff in Elizabeth Welsh House but recently new care and domestic staff had been appointed. We were able to check the personnel file of the latest members of staff to be start work at the home. We saw that all the checks and information required by law had been obtained before they had been offered employment. The registered manager told us there were still some vacant staff hours and she had completed the necessary documentation for these hours to be filled. The operations manager confirmed that this matter was currently being addressed.

We saw that regular audits or checks were completed on the medicines administration records (MAR) and these were signed in red by the supervisor concerned. Checks were completed daily to ensure the records were completed correctly to ensure all the tablets and liquids held matched the records. The registered manager confirmed that the records of medicines that were liable to misuse called 'controlled drugs' were checked at the beginning and end of every shift by two members of staff as an extra safety measure.



There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR) and a separated sheet as a further check. This helped to make sure that people received the medicines they needed appropriately. For example, one person needed their medication at a certain time in the day and we saw the supervisor come on to the unit to administer the dose. All staff who were responsible for the administration of medicines had received training at level two through a local college. In August of last year, prior to the re-registration of the provider, an inspection of medicines had been completed that highlighted where improvements should be made.

During this inspection we found that the registered manager had reviewed the administration and recording of all medicines in line with the findings of the pharmacy inspector. We saw that improvements had been made to the administering and recording of topical medicines and creams and also that regular audits and checks of the records for all medicines had been introduced.

We saw that the home's external pharmacist had recently conducted a medicines audit and the registered manager provided us with a copy of the report to read. It showed everything in connection with the receipt, recording, administration and disposal of medicines was in order.

There were contingency plans in place to manage foreseeable emergencies and how to support people if they needed to be evacuated or moved within the home in an emergency. This helped to make sure that staff knew what to do in these situations to help keep people safe living in the home. We discussed the plans to evacuate people in case of a fire and the manager confirmed that there were 'hot zones' in the home. She had ensured that there was only one person in each of the hot zones that needed the assistance of two members of staff to leave the building should this be necessary.

We saw that work was about to commence to make safe various area in the roof space safe as requested in a recent fire safety inspection. A new fire risk assessment had recently been completed and the registered manager showed us a copy.

We found that accidents, incidents and near misses that affected people living in the home had been reported and recorded correctly or had been passed to the appropriate agencies to investigate.

## Is the service effective?

### Our findings

People we spoke to during our inspection of this service were complimentary about the staff and the way they were supported. They told us they were given choices during the day and could move around the home if they wanted to. We spoke to one person who said, "I like it here and the staff look after me well. I like to stay in my room to read or watch what I want to on my television. It is my choice and the staff accept this".

Elizabeth Welsh House was divided into four units each with a lounge/diner and we observed lunch being eaten on one of the units. People who were eating their meal told us they had a light meal at lunch time and their main meal in the late afternoon. Some preferred their main meal at lunch time but said the timing worked well on the whole. One person told us they thought the food could be better. People told us they were given a choice of meal at lunch time and at the later meal.

We spent some time speaking to the cook who was on duty. They had worked at Elizabeth Welsh House for three years and enjoyed their job. They told us they catering staff worked to a four week menu and the manager did organise meetings with people who lived in the home to discuss their preferences and changes to the menus.

We saw, in the care plans, that nutritional assessments were completed and people's weights were recorded. However we did see in one of the care plans we tracked that the person had not been weighed for two months. We brought this to the attention of the registered manager. The registered manager confirmed that they contacted the dietician for advice when this was necessary and they always responded in a timely manner. Contact with the speech and language therapist was sometimes more difficult and sometimes the senior staff had to wait for a reply or visit.

Care and daily records indicated that people had access to health care professionals to meet their individual health needs. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs. We saw that people's nursing needs were attended to by the district nurses. Two members of the district nursing team were in the home on the day of our inspection visit. They confirmed they visited the home twice a week to deal with dressings and give injections.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). 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. 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 within the

principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager confirmed she was in the process of organising a 'best interest' meeting with regards to applying for a DoLS for one person.

We looked at care plans to see how individual decisions had been made around treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a decision. We saw that these decisions about resuscitation and end of life care had been reviewed. All the decisions had been made with peoples' GPs following meetings with the people concerned or their families if this was appropriate. Members of the care home nursing team had assisted with this process. However we saw on one of the documents that one person's relative was not named on the documentation although it was stated they had Lasting Power of Attorney. The registered manager said she would check on this with the relative and the doctor.

The registered manager was aware where family members had Lasting Power of Attorney (LPA) in place so that they had the authority to make decisions about their relative's personal care and finances. She told us a copy of any Power of Attorney was held on people's personal file.

We talked to the registered manager about people consenting to their care and treatment. She told us that this is discussed at the initial assessment of needs as this is part of the care planning process. We looked at a copy of the 'Terms and Conditions of Residency' that people or their representative sign when they are admitted to the home. It states that, 'Your views and those of your family or carers will be sought in order that the level of support you require can be agreed'. We saw, in the care plans that people had signed to consent to the use of photographs for medicine records had been obtained as well as for staff to administer medicines in line with the individual's prescription.

We looked at the training records for each member of staff and they evidenced that staff training was up to date although some adult protection training would shortly be due for refresher courses. Staff had completed training in moving and handling, infection control, safeguarding vulnerable people, the Mental Capacity Act and some had undertaken end of life training.

During this inspection we took time to tour the building and look at the environmental standards. The decorators were in and we could see that some rooms and corridors had already been painted. We looked in some of the rooms both occupied and empty and found that many of them were extremely small. We saw one room that was not big enough to hold an electronic bed that were used by people living in the home. Other rooms were not large enough to accommodate people who may need a wheelchair or hoist required to meet their mobility needs. We discussed this with the operations manager who was responsible for this service. He advised that this would be updated in the homes Statement of Purpose to allow people to make an informed decision about which room to choose if they decided to move in to the home.

# Is the service caring?

## Our findings

We spoke to people living in the home about how they were cared for and how staff supported them to live as they wanted. We were told by one person "These girls are great. They look after me very well and they are all so kind". Another person said, "I am very happy with my care. The staff give me time to decide what I want to wear and where I want to go. If I want to I can stay in my own room all day and the girls pop their head round the door to make sure I am alright".

We spoke to family members who were visiting on the day of our inspection. We asked them what they thought of the care provided to their relative. We were told, "The care is outstanding and ticks every box twice over. Communication is excellent which is good for us as we live a long way from Cumbria. I cannot fault the care these girls give and the manager too".

The staff we spoke to were respectful of people's needs and showed a sympathetic approach to their caring and supportive role. We asked one member of staff about how they supported people with more complex needs such as those who lived with dementia. They said, "I think everyone has some capacity to make decisions and say what they want. Not always verbally of course but I can always communicate in other ways. I like to give people choices about their clothes so I show them and let them pick what they want to wear. I think that helps them to remain as independent as possible".

During the time we spent in Elizabeth Welsh House we saw that people's privacy was being respected. We saw that bedroom and bathroom doors were being kept closed whilst personal care was taking place and staff knocked and waited before entering an occupied room. We saw that staff maintained people's personal dignity when assisting them with their mobility when this was necessary.

We asked the registered manager if there were any church services held in the home and she confirmed that this had not been possible for some time. However a member of the Roman Catholic faith came in to administer Communion to those people who wished to receive it.

We saw, on the notice board in the hallway, a notice about an advocacy service called 'Best life' which was based in Carlisle. This service was available to people who lived in the home should they wish to use it. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

During our inspection we spoke to a member of the district nursing team that visited Elizabeth Welsh House on a regular basis. We asked for her opinion of the care provided by the staff at the home. She said, "We visit the home twice a week to administer injections as well as for other reasons. There is a warm and homely atmosphere throughout and we see the staff caring in a most appropriate manner. The care staff are receptive to any suggestions we make".

We also spoke to a member of the CHESS team who supported people with a variety of mental health needs. They were complimentary about the care provided and said the team worked well with the staff at the home

to provide a caring service to the people who lived there.

## Is the service responsive?

### Our findings

During our inspection at Elizabeth Welsh House we received many positive comments from the people living there about their daily life in the home and the daily routines that were flexible depending on what they wanted to do. The only negative comments we received were about the limited number of activities that were provided for people who lived in the home. People said, "There are some activities that the staff do but I would really like to go out more". Staff also agreed that the activities provided were limited although they did say that people did go out a little more when the weather was warmer.

The provider did not employ a dedicated activities organiser so it was down to the staff to organise the activities programme. We did observe staff playing skittles in one of the lounges during our visit. We recommended that the service should look at ways to ensure that people were supported to be involved in their community as much or as little as they wished.

We asked relatives if they felt the service was responsive to their family member's needs. One person said, "I would definitely say so. If there is a problem or I have a question, the manager and staff respond immediately. I only have to ask or make a comment and it is dealt with, usually before I leave the building".

Every person who wanted to move into Elizabeth Welsh House had a full assessment of their personal, medical and emotional needs before they were offered a place in the home. The full assessment of people's needs formed the basis for the plan of care and support to be provided. There had been no new admissions into the home for some time as the registered manager told us there was insufficient staff to provide a responsive service to more than the 22 people who currently lived there. New admissions would be looked at again when the staffing numbers increased.

Elizabeth Welsh House used Cumbria County Council's corporate format for the care plans as do all of the services. However, we found that the information contained in these care plans was centred on the needs of the individual and in language that was easily understood. We read one care plan belonging to one of the people who lived in the home. It set out clearly the physical, emotional and mental health needs of the person and what was expected of the staff in order to meet those needs.

We found that staff wrote in an individual daily record book for each person who lived in the home outlining the care provided and any events of interest that had happened during the day. This was written at the end of every shift so that the people on the following shift knew exactly what had happened prior to them coming on duty. Records were kept of all health care professional visits including doctors, district nurses, opticians and chiropodists.

We saw that everyone living at Elizabeth Welsh House had a 'hospital passport', this was information about the person, their health and care needs, medication and what they needed in order to support them. This was to help make sure that should a person need to transfer to another care setting quickly all the relevant information about their needs and preferences would be available to go with them. A copy was sent with people if they were admitted to hospital so that the nursing staff were given information pertinent to the

person concerned.

In the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Care plans were reviewed monthly or more often if required. Care staff told us they reported any changes to people's needs to the supervisor immediately these were noted. We saw, on the care plans we looked at, the hand written notes attributed to the changes and what staff had to do. These notes were then typed up following the monthly review and update.

People told us they knew what to do if they were unhappy or needed to raise a concern. None of the people we spoke to had any complaints about the support they received and one person said, "The staff are always asking us how we are and if there is anything we want". Details of the complaints procedure were available for people to read in the terms and conditions of residency and there was a copy on the notice board in the hall area. There had been no complaints received by The Care Quality Commission.

## Is the service well-led?

### Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). We asked the staff if they were well supported by the registered manager. They told us they felt very well supported. They said, "The manager is very good indeed and very vocal about getting things right for the people we support. She is approachable and expects everyone to do their best for the people who live here". People who lived in Elizabeth Welsh House said they thought the manager was "very good". We saw during our inspection that the registered manager spent time with the people who lived in the home on the different units and engaged in a positive and informal way with them.

We found the culture in the home was open and relaxed with a friendly atmosphere. Newer staff we spoke to said it was a good place to work in and that the staff team were very friendly and supportive to new staff coming in.

The registered manager told us there was a good team of supervisors that helped her run the home. We spoke to both supervisors who were on duty during our visit and they confirmed 'it was a good place to work'. One of them said, "We have a good team that is well supported by a good manager".

Meetings were held for people who lived in Elizabeth Welsh House and there had been one the day previous to our inspection visit. Staff meetings were also held on a regular basis.

The registered manager used the systems in place to assess the quality of the services in the home. We saw that audits had been done on care plans on a monthly basis. The registered manager also checked the environment standard's within the building. The registered provider had recently introduced a new audit sheet for registered managers to complete when the monthly audits had been completed. We were able to see copies of these during our visit.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority. There were also regular visits from the operations manager for Cumbria Care to do their own checks on aspects of the service and monitor the standards in the home. We were able to speak to the operations manager responsible for the service as they were in the home for the latter part of our inspection.

Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with. The registered manager also audited the medicines records on a monthly basis.

We saw the results of the latest questionnaires sent to people who used this service. We noted comments such as, "Everything is excellent and I love you all", "I have everything I want thank you" and "Everything is fine and we all have just what we want".



