

# Peaceform Limited

## Eliza House

### 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 

#### Overall summary

This inspection took place on 21 May 2015 and was unannounced. When we last visited the home on the 17 October 2014 we found the service was not meeting all the regulations we looked at.

Eliza House is a service for older people who are in need of personal care. Eliza House provides accommodation to a maximum of twenty-six people, many of whom were living with dementia. 12 people were using the service on the day of our inspection.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. An acting manager had recently been appointed and they had applied to become the registered manager for the service. The application is being processed by CQC.

The people who used the service was kept safe from abuse. Staff knew how to identify abuse that might occur in the service and knew the correct procedures to follow if they suspected that abuse had occurred.

# Summary of findings

Systems were in place to monitor the quality of the service and people and their relatives felt confident to express any concerns, so these could be addressed. People who used the service, their relatives and staff said the manager was approachable and supportive

Risks to people and how these could be prevented were identified. Staff were available to meet people's needs.

Care plans were in place to address people's identified needs, and these had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date.

Appropriate arrangements were in place to assess people's capacity and to comply with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People were provided with a choice of food, and were supported to eat when required. People were supported effectively with their health needs. Medicines were managed safely.

Staff treated people with kindness and compassion, dignity and respect. They responded to people's needs promptly.

People using the service, relatives and staff were encouraged to give feedback on the service. There was an accessible complaints policy which the manager followed when complaints were made to ensure they were investigated and responded to appropriately.

# Summary of findings

## 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 safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

Staff were available in sufficient numbers to meet people's needs.

Staff supported people to have their medicines safely.

Good



### Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals. Staff supported people to meet their nutritional needs.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Good



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Good



# Eliza House

## 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 took place on 21 May 2015 and was unannounced.

The inspection was carried out by an inspector, pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This 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. We spoke with the local safeguarding team, a chiropodist and a GP to obtain their views.

During the visit, we spoke with eight people who used the service, four care staff and the acting manager. We spent time observing care and support in communal areas. We also looked at a sample of seven care records of people who used the service, twelve medicines administration records, five staff records and records related to the management of the service.

# Is the service safe?

## Our findings

At our inspection in October 2014 we found that people were not always protected from the risk of bullying and harassment. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that staff were aware of how they should respond to incidents of bullying and harassment through further training and discussion in staff supervisions. At this inspection we found that staff understood how to respond to safeguarding concerns, including what to do if people who used the service were being bullied or harassed by other people. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available.

Staff explained that they would intervene if they saw any bullying or harassment taking place and they were able to identify when people might be at risk of abuse. The manager explained that training had taken place on safeguarding people with an emphasis on how to respond to bullying or harassing behaviour between people who used the service. Supervision and staff meeting records showed that the issue of how to respond to incidents of bullying and harassment had been discussed and what to do had been identified so that staff responded appropriately. We observed that staff responded quickly and sensitively when people's behaviour was inappropriate.

At our inspection in October 2014 we found that risks to people were not identified as risk assessments were not regularly reviewed and updated. Following the inspection the provider sent us an action plan detailing how they would make improvements by reviewing and updating all risk assessments. At this inspection we found that risk assessments had been reviewed and updated. This was in line with the provider's policy that risk assessments should be updated monthly. The manager explained that they had reviewed all risk assessments with staff so they understood the risk to people and the actions the staff would take to minimise them. When necessary the manager had consulted relevant professionals for advice about how to respond to the risks that people face when receiving care.

There were assessments covering common areas of potential risks, for example, falls and nutritional needs. Risk assessments identified the actions to be taken to prevent or reduce the likelihood of risks occurring.

At our inspection in October 2014 we found that there were not always enough staff available to meet their needs. Following the inspection the provider sent us an action plan detailing how they would make improvements by assessing and monitoring staffing levels to ensure that sufficient staff were available to meet people's identified needs. At this inspection we found that the manager had carried out a needs assessment of all the people who used the service so that enough staff were deployed to meet their needs. As part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available for people.

People told us that enough staff were available to meet their needs. One person said, "Staff are there when you need them." Another person told us, "Staff come quickly when you call them to help you." We observed that staff were able to respond quickly when people needed them. For example we saw that call bells were answered promptly and people were supported with personal care when they needed assistance. Staff did not appear rushed and spent time talking with people. The acting manager showed us the staffing rota for the previous week. These showed that the numbers of staff available were adjusted to meet the changing needs of people.

Safe recruitment procedures were in place that ensured staff were suitable to work with people. Staff had undergone the required checks before starting to work at the service. The four staff files we looked at contained disclosure and barring checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service. They told us they had been through a detailed recruitment procedure that included an interview and the checking of references.

We observed medicines being given to some people during the morning and saw that this was done with regard to people's dignity and personal choice. The care worker stayed with the person while they took their medicines and supported them to do so when necessary.

## Is the service safe?

People's medicines were stored safely and under suitable storage conditions. We found the temperatures of the areas where medicines were stored were monitored and recorded regularly and were within acceptable limits.

However, we found the service did not have a cupboard for the storage of controlled drugs. These are medicines which are subject to special storage and recording arrangements due to their liability for misuse. The service did not have any controlled drugs in use but would not be able to comply with the law should any person who uses the service be prescribed them.

We found that there were suitable arrangements in place to record when medicines were received, given to people and

disposed of. We found the medicine administration records had been completed to show people had been given their medicines as prescribed and the records were consistent with the stock of medicines remaining. Protocols were in place to guide staff on how to administer medicines prescribed on a "when required" basis, for example for pain relief.

Staff authorised to handle medicines had received recent training on the safe use of medicines. The manager told us that they were assessing the competency of staff following this training, and these would be completed over the next few weeks.

# Is the service effective?

## Our findings

At our inspection in October 2014 we found that the registered manager had not taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that people's capacity was assessed and where necessary appropriate authorisation would be obtained. At this inspection we found that assessments had been carried out of people's capacity to consent to care and support. Referrals under DoLS had been made where people lacked capacity to make decisions about their care and treatment. Most people had a DoLS in place. The acting manager explained that they had involved professionals and people's relatives and made sure that the least restrictive option was taken when a person could not consent to care and treatment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to explain the restrictions placed on people who used the service. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS.

At our inspection in October 2014 we found that staff were not supported through regular supervision to meet the needs of people effectively. Following the inspection the provider sent us an action plan detailing how they would make improvements by making sure that staff had regular supervision. At this inspection we found that all staff had received supervision every two months which was in line with the provider's policy. The acting manager had a supervision plan that showed when staff had supervision and showed when the next supervision was to take place. We looked at five records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. As part of their supervision staff were questioned about particular aspects of care and the policies of the service. This helped staff to maintain their skills and understanding of their work.

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "Staff are good." Staff who had recently started to work at the home had completed a detailed induction. Training records showed that staff had completed all areas of mandatory training in line with the provider's policy. Also staff had specific training on dementia and nutrition. Some care staff had completed a qualification in Health and Social Care. A training matrix was used to identify when staff needed training updated and we noted that this had been completed as necessary.

People told us they enjoyed their meals. One person said, "The meals are nice." People had a choice of dishes for each meal. Some people were offered choices at lunch time if they did not want to have the food or drink they had originally requested. Another person told us, "You have a choice, if you want something different the staff will get it." At lunchtime staff were available to assist people to eat and drink when they needed support to do this. Staff supported people to take their time to enjoy their meals.

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. One person said, "The food is good." The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets.

People told us they had been able to see their GP when they wanted. One person said that a number of healthcare professionals had been called in to see them, which included a GP, an optician, a nurse and a physiotherapist.

People's healthcare needs were identified in their care records. Healthcare professionals said they were contacted with any concerns and staff followed the advice they gave. Healthcare professionals were all positive about the service and said staff were available to accompany them during their visits, took on board any changes in treatment and followed this through to ensure people received the care and treatment they required. There were records of GP visits in all the care records we reviewed and records of other contacts with health professionals such as chiropodists, and hospital specialists. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

# Is the service caring?

## Our findings

People were treated with dignity and respect and had the privacy they needed, and one person told us, "Definitely get the care. Nice here." We observed staff knocking on people's doors and waited to be invited in before entering. Staff respected people's wishes if they did not want them to enter. Staff provided people with aprons to protect their clothing if people required support to eat. Staff removed the aprons as soon as people finished their meals to help maintain their dignity.

People were treated with respect and staff responded to their views regarding how they wished their needs to be met. One person said, "Staff look after me well." Staff provided care and support in a gentle and caring manner, listened to what people had to say and involved them in decisions regarding their care. We observed that staff asked people's permission before providing any care and support for them. People and relatives were able to discuss any issues that concerned them regarding how care was being provided with staff.

Staff talked with people in a positive and caring manner and it was seen that some staff reinforced this with gentle physical contact such as stroking someone's hand. It was

also seen that staff were proactive and noticed when things needed to be done to support people. For example, a walking frame had been pushed out of one person's reach. Staff noticed this and put it back so it could be easily reached. On a number of occasions where people had fallen asleep and their head had dropped down, staff gently raised their head without waking them so it was better supported. One person had got their foot caught up around the legs of a table. Staff gently helped them to untangle it.

People discussed issues regarding the general running of the home at meetings. Minutes were written in a way that supported people who used the service to understand and participate in decisions. For example, people had made suggested options for the menu.

People told us that staff encouraged them to maintain relationships with their friends and family. One person said, "My relative can visit any time." We found that people's relatives and those that mattered to them could visit them or go out into the community with them. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.



# Is the service responsive?

## Our findings

At our inspection in October 2014 we found that people's care was not always planned in response to their needs. Following the inspection the provider sent us an action plan detailing how they would make improvements by reviewing and updating care plans and introducing life history books to record people's preferences, hobbies and interests. At this inspection we found that care plans had been reviewed and clearly identified people's needs and the actions needed to support them. For example where people's behaviour challenged the service, care plans had been put in place giving guidance to staff about how to respond. Staff responded to people's behaviour in line with their care plans, and were able to explain how they did this for specific people who used the service. People's behaviour was monitored and the acting manager had used this to develop people's care plans.

People who were living with dementia had detailed care plans that reflected their life histories and interests. The acting manager showed us life histories that recorded each person's likes and dislikes, background and interests. The acting manager explained that this would be used in developing care plans that give guidance to staff about how we could support people's well-being. People's preferences regarding their care, for example the support they needed with personal care, was recorded in their care plans and reflected their individual preferences.

At our inspection in October 2014 we found that people were not supported to engage in meaningful activities that

reflected their interests and supported their well-being. Following the inspection the provider sent us an action plan detailing how they would make improvements by having an activities organiser and consulting with people to develop a new activities programme. At this inspection we found that people could choose to be engaged in meaningful activities that reflected their interests and supported their well-being. Staff had started using reminiscence activities with small groups and individual people use the service. The acting manager explained that they would be developing this further so that it could be used in care planning. A range of activities were provided and an activity plan was available. We saw that a number of activities took place throughout the day, including dominoes and a music based activity. and that there was the plan in place for daily activities. People were engaged in the activities appeared to find them worthwhile and interesting.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, "If I didn't think I was getting good care I would say so." A copy of the complaints procedure was on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to speak with the manager and inform the manager about this, so the situation could be addressed promptly. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

# Is the service well-led?

## Our findings

At our inspection in October 2014 we found that the provider did not have effective systems to monitor the quality of care and support people received. Following the inspection the provider sent us an action plan detailing how they would make improvements by developing a quality assurance system to assess and monitor all aspects of the service. At this inspection we found that regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided to people. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included care planning, training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed. The manager had made improvements in the auditing of the medicines management processes and we saw records of recent audits and the follow up action which had been taken.

The service did not have a registered manager. An acting manager had recently been appointed and they had applied to become the registered manager for the service. The application is being processed by CQC.

The provider had a system to monitor and ascertain people's views of the quality of the care and support they received. An annual survey of the views of people, relatives and professionals had been carried out in the last six

months. The results of this were generally positive; people said that the service responded to their needs. Regular meetings were held with people to get their views on the service.

We observed that there was an open and positive culture in the service. Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. One person told us, "I raised an issue with the manager. They sorted it out straight away." Staff were approachable and engaged positively with people and relatives.

The values of the service were discussed with staff in their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they had the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the registered manager discussed areas of good practice relating to the care of people living with dementia with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

We reviewed the service's accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The service's procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.