

Optalis Limited

Lady Elizabeth House

Inspection report

Lady Elizabeth House
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Date of inspection visit:

16 January 2023

17 January 2023

18 January 2023

19 January 2023

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30 January 2023

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

About the service

Lady Elizabeth House is an extra care housing service providing personal care to people. The service provides support to younger and older adults, people living with dementia, and people with sensory or physical disabilities. At the time of our inspection there were 16 people using the service.

Based in a single building in Maidenhead, Lady Elizabeth House is run in partnership with the Royal Borough of Windsor and Maidenhead, who allocate the individual apartments while Optalis Limited provides personal care and other support services. The service has 29 self-contained, wheelchair-accessible apartments, each of which is fully equipped with a spacious kitchen, lounge, bathroom and bedroom. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care and support. Their risks were assessed. People were provided with their medicines in a safe way. People were protected against infections. Any accidents or incidents were always reported.

Assessments were person-centred and care was responsive to people's needs. Staff knew how people liked their care. Staff were knowledgeable, skilled and experienced to provide effective support.

The service was consistently described as kind, caring and compassionate. One person wrote, "[I want] to thank the team for making me feel so welcome and home here...from the management team, senior carers, carers and agency [staff], everyone is consistently great fun to work with whilst providing first class care."

The service had a robust complaints procedure in place. Complaints and concerns were treated seriously and dealt with promptly. People and relatives said the management team responded to comments quickly and in a positive way. People were prompted and encouraged to gain and maintain their independence. People were treated as partners in their care.

The service was very well-led. The provider and management team followed governance systems which provided effective oversight and monitoring of the service. Audits and checks ensured the service provided safe and effective care that met people's needs. There were strong connections with the local community. People, staff and relatives were complimentary about Lady Elizabeth House.

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.

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

Rating at last inspection

This service was registered with us on 10 December 2020 and this is the first inspection.

The last rating for the service operated by the previous provider The Fremantle Trust, was Good, published on 4 December 2018.

Why we inspected

This is the first inspection since the new provider commenced operating the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lady Elizabeth 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support services.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 January 2023 and ended on 19 January 2023. We visited the location's office on 16 January 2023.

What we did before the inspection

We reviewed information we held and had received about the service since the time of registration. We used information gathered as part of monitoring activity dated 3 August 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and safeguarding team. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 this information to plan our inspection.

During the inspection

We spoke with 6 people who use the service and 5 relatives. We spoke with the registered manager, deputy manager, the provider's heads of regulated services, the provider's governance and quality assurance manager and the provider's health and safety coordinator. We also spoke with the nominated individual via a video call. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked staff on shifts to provide their views and received 7 responses. We reviewed a range of records. This included multiple people's care records, personnel files and medicines administration records. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We wrote to the registered manager after the site visit and requested further documents and information. We received multiple additional supporting information and written explanations.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect and discrimination.
- People and relatives told us that care and support was safe.
- People said, "Yes I do feel safe here, because if I press my call bell someone will always come straight away. I do not have to wait, and I also have an intercom here" and "I feel really safe here now, because we have open communications, much better here than used to be."
- Relatives told us, "They understand [the person] very well here, and meet all the needs, so I know he is safe" and "Yes, [the person] is very safe here. She is very vulnerable, and they know her needs so well."
- Staff confirmed they received training in safeguarding people from abuse, and that they knew how to report an adult at risk or potential and actual abuse.
- The registered manager reported safeguarding concerns to the local authority and Care Quality Commission in line with law.

Assessing risk, safety monitoring and management

- People's risks were assessed, documented and mitigated to ensure they received safe support.
- The service obtained information about the person before they commenced providing support. This included from the local authority, hospitals and relatives. Information in social care assessments was considered.
- People's risk assessments were detailed. They covered appropriate topics such as risk of falls, risk of dehydration or malnutrition, environmental (premises) risks and management of medicines.

Staffing and recruitment

- The provider conducted robust assessments and checks of new staff. This ensured only fit and proper care workers supported people.
- Personnel files contained all the necessary information required at the point of recruitment. This included ID, proof of conduct in prior employment and criminal history checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider understood the pressures experienced by the adult social care workforce. They had a rolling recruitment programme in place and employed resourcing 'specialists'.
- Enough staff were deployed to meet people's needs and ensure they were safe, both day and night.

Using medicines safely

- Staff did not support everyone with medicines, but where they did this was completed in a safe way.

- Staff received appropriate training in preparation, administration and documentation of medicines. The registered manager and deputy manager completed competency checks of care workers to ensure the correct process was followed.
- Effective oversight of medicines was in place via regular audits. Medicines incidents were reported and followed up.
- A person remarked, "I always get my medication on time."

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Care workers always reported any accidents. Documentation of incidents was excellent and ensured a detailed account of what went wrong was available.
- The management team always reviewed the incident reports. We spoke with them about where to record their notes. The provider's health and safety coordinator and governance and quality manager were reviewing the incident reporting process to ensure a standard format across all services.
- Incidents and accidents were thoroughly analysed to identify any trends or patterns. Any learning from them was shared with staff to prevent recurrence of similar events.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's likes, dislikes and care preferences were assessed and documented. Staff ensured people had choice and decision-making in support they received.
- There were comprehensive assessments of people's needs. Staff reviewed these regularly.
- A person said, "When the care staff come in, they will always have a chat with me and a laugh. They do not rush me, and they certainly know what they are doing. They are not always the same carer, but they all know how I like things done." A relative stated, "They [staff] are very flexible to his [the person's] needs. I did ask him why he has a shower so early in the morning, and he said he likes that."

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to ensure safe support.
- Staff received a comprehensive induction when they commenced their role. This included mandatory training, 'shadowing' other more experienced staff and competency checks by the management team. Staff were encouraged to get to know people they supported.
- Staff completed regular e-learning, face-to-face training and participated in group discussions and learning. Some staff had additional training to ensure they could effectively care for people with complex conditions or specialist equipment.
- Staff participated in satisfactory one-to-one sessions with their line managers.

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

- People received enough food and fluids to prevent dehydration and malnutrition.
- Staff were trained in food hygiene and ensured the safe preparation of meals and drinks.
- Suitable care plans were in place for nutrition. These included people's preferences and any allergies or intolerances.
- A relative said, "I am always informed if he [the person] needs anything...like his microwave was old so they let me know he needed a new one." A person stated, "The staff take my meal out of the fridge and take it downstairs to the dining area, and I go down there for lunch...about three of us go down...it's a way of making friends."

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

- The service had a strong track record of working with other organisation to ensure effective care for

people.

- The management liaised with the local authority, commissioner of care and the housing provider.
- The registered manager explained people were supported to access healthcare and attend appointments, as needed.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent was correctly obtained and recorded in line with the MCA.
- Consent was recorded for various aspects of the care package such as personal care, release of personal information and obtaining photographs when needed.
- People's capacity to consent and decision-making abilities were well documented in the care plans.
- We signposted the management team to the Office of the Public Guardian's services. This was so they could correctly check if someone else (such as an attorney or deputy) could legally make decisions on a person's behalf.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's care was kind and compassionate. People were treated as individuals and with respect.
- The service respected people's unique differences, and practised the principles of equality, diversity, human rights and inclusion.
- People stated, "All the staff you can talk to and have a laugh with", "Today is my birthday and the carer came up with a card from everyone", "I think it is very good here. I was in another place before I came here. The staff are much better and friendlier. The staff will help you with anything you ask them" and "The staff know me well, I feel, and will have a chat."
- Relatives said, "[The person] is so well cared for, but she does have her favourite staff. She always looks clean and tidy, and if she needs anything staff always come into help her", "I am very happy with the care here; it's very structured" and "[I am] always made to feel welcome, and dad is always happy."
- A care worker stated, "[Lady Elizabeth House] has a family feel. Everybody is so friendly. The residents feel like my own family now; they are so lovely."

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

- People were actively involved in making decisions about their support packages. This ensured their views were obtained and used to promote a caring approach by staff.
- People and relatives were treated as partners in care planning and review.
- Staff respected people's choices and preferences. Wherever possible, the service accommodated people's wishes such as the gender of care workers who supported them.
- People said, "Yes, I can make my own decisions about things, but I know I could ask staff for help if not" and "The staff know me well I feel and will have a chat. Yes, they do offer me a shower if I want one."

Respecting and promoting people's privacy, dignity and independence

- People's care was dignified and private.
- Staff said people who use the service were always treated with respect and dignity.
- The care and support provided helped people to be as independent as they could be.
- A person said, "The care staff are very kind, they always announce themselves when coming into my flat. There is not always the same staff, but yes, I do feel they know what they are doing. They come on time."
- A relative stated, "The care staff will support with anything and at the same time let [the person] be independent. They are very kind to him and look after him so well. It was a rocky road before but with new management very good."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were person-centred and identified aspects of life that were important to them.
- People said, "If I need a doctor the staff would arrange for me, but I am very independent here", "Yes, a doctor is called if you need to see him...very good like that here" and a relative told us, "They understand him [the person] very well here, and meet all the needs, so I know he is safe."
- Staff explained they knew how people liked things done. They said they did this by, "Reading their care plans", "Asking them [and] reading support plan", "By reading person-centred care plans" and "By asking them how they would like [personal care] done."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People received information from the service and staff in a way that they could understand.
- People's sensory impairments such as hearing or sight loss, were recorded as part of their care plan.
- Adjustments were made to ensure people had access to important information. The registered manager explained one person had written information provided on a different colour of paper so they could better see and read it.

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

- The service actively promoted community involvement to people. This assisted to prevent social isolation.
- People were supported to follow their interests, faith and beliefs. People were encouraged to attend activities both within the building and in and around town.
- Staff respected people's choice to stay in their flats but encouraged them to develop and maintain meaningful relationships with others.
- People's family and visitors were welcomed by staff and assisted with advice and support where possible.
- People said, "They do some activities here", "There are a few activities here..." and "A coffee morning would be nice."

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints system in place to respond to any concerns.
- A satisfactory complaints policy was in place. People were provided with information that explained how to make a complaint.
- The management of complaints was good. One complaint we looked at was thoroughly investigated and documented.
- The service kept copies of the many compliments they received. These were shared with the provider so they could be recognised and celebrated by staff.
- A person said, "Yes, I did have to complain once...I reported it...The manager is very approachable, and you can talk to her." Another stated, "Yes I do know how to complain, I have done. I told the manager and it was sorted out very quickly."
- A relative told us, "I did have to complain once, to write a letter...and the manager sorted it out straight away."

End of life care and support

- People's end of life preferences were assessed and documented. Not everyone wished to discuss this with the service, and staff respected people's choice.
- Resuscitation preferences were documented, where possible.
- The registered manager had an additional qualification in end of life care. They could share their knowledge and experience with the care workers.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was welcoming and had a positive culture. The service was well-known and highly thought of within the local community.
- Staff said, "I'm happy working for this service", "My manager is very supportive", "We are a happy and hardworking team who care and work to the best of our ability" and "I have never felt happier with management...they are there for us."
- People's lives were enriched by the care and support provided by the service. The management team explained how they promoted and fostered improvement in people's lives.
- The service received consistently positive feedback from people, relatives and staff.
- People and relatives told us care was high quality. A person said, "The manager I do see regularly, and she is very friendly and gets things done." Another commented, "The manager is very nice, can always talk to her if you want to."
- Staff said they felt valued, respected and enjoyed working for the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service and provider had an open, honest and transparent approach in everything they did.
- The registered manager understood their responsibilities under the duty of candour requirement.
- Documentation showed people and relatives were informed of any incidents or adverse findings. Detailed records of what went wrong were in place, as well as apologies or evidence of remorse.
- The care workers and management team actively worked to reduce risks of harm to people and prevent incidents from recurring. They dealt with difficult situations well and liaised with other professionals when needed to ensure the wellbeing of people.
- A relative stated, "They do keep me updated on anything that goes wrong. All I can say he [the person] is looked after very well, and the new manager I am very impressed with."

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

- The registered manager and deputy manager were actively involved in the day-to-day operation of the service. They had a visible presence and made themselves openly available to people, staff, relatives and health and social care professionals.

- The service's management team was well supported by a strong and reliable support team from the provider. This included the head of regulated services, quality and governance manager and health and safety coordinator.
- Robust assistance was provided by the provider's human resources partners and recruitment teams.
- The nominated individual was knowledgeable about the service and its performance. They described the management as, "Excellent" and that Lady Elizabeth House was, "A good, steady established service."
- A care worker commented, "Management is excellent...very helpful and approachable."
- A relative told us, "Yes, the new manager is very approachable, and you can talk to her any time. I am always updated on any concerns." A person stated, "The manager can be very helpful."
- A series of robust, ongoing audits and checks of the safety and quality of support were in place. These were thorough and detailed, and provided open and honest findings of good care and constructive feedback about any improvements required.
- The provider operated a regular managers' forum across their services. This provided important aspects about safety, governance, human resources and changes in the social care sector. There was also the opportunity for registered managers to provide feedback and ask questions.

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

- People, relatives and staff had an active say in how the service was operated. They were treated as partners in care and support.
- Regular surveys were conducted to gather people's and relatives' views. Feedback was consistently positive.
- The provider also completed staff surveys. This provided information about areas the employer was doing well and areas for improvement.
- The registered manager and deputy manager had an 'open door' policy. This meant they were accessible, approachable and were open to receiving any feedback.
- We explained to the management team that feedback from health and social care professionals should be sought. They accepted our suggestion and said they would take action to put this in place.

Continuous learning and improving care

- The registered manager maintained a continuous improvement plan. This listed actions for improving care and support, any actions to complete and logged progress in achieving excellence.
- Any important information was always shared with staff.
- There were regular staff meetings to listen to feedback and share important information. A Care worker said, "[The service is a] lovely place to work with. Training is up to date. [There is] helpful management."

Working in partnership with others

- There were good links with other community services. This was to the people who lived at the service, regardless of whether they received support or care from the provider.
- The registered manager told us the service was involved in a soup kitchen, a local day centre, a mobility programme and supported employment system.