Elizabeth House (Oldham) Limited

Elizabeth 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 was carried out over two days on the 9 and 12 November 2015. Our visit on 9 November 2015 was unannounced.

We last inspected Elizabeth House in May 2014. At that inspection we found that the service was meeting all the regulations we assessed.

Elizabeth House is a large detached property overlooking a park approximately one mile from Oldham town centre. The home is registered to provide care and support for up to 30 people who require residential care only.

There was a registered manager in post. 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.

People who used the service told us that Elizabeth House was a safe place to live and that they were supported by sufficient numbers of staff to appropriately meet their needs.

Summary of findings

Staff we spoke with expressed a good understanding of safeguarding matters and training records indicated that staff had received training in this subject.

Medicines were safely administered by staff that had received appropriate training.

Suitable arrangements were in place for the prevention and control of infection within the home.

Staff we spoke with confirmed they had received appropriate induction training when they started working at the home. They also told us they had access to, and received regular and appropriate training.

Regular visiting health and social care professionals told us they were confident that people using the service received a good standard of care and support.

Equipment, such as hoists and aids and adaptations were available in the home to promote people's safety, independence and comfort.

People we spoke with were happy with the quality and choice of food provided. Where people's nutrition and hydration required monitoring, staff completed food and fluid intake charts and we saw evidence of completed charts.

Positive efforts had been taken to make parts of the home 'dementia friendly'. A 'memory room' had been created which was decorated and furnished in such a way to stimulate the memory of people to bygone days.

Care records viewed contained enough information to guide staff on the care and support to be provided to individual people. The information contained details about the person's personal care needs, likes and dislikes, preferred daily routines, medication and nutritional needs.

Care plans viewed also included and identified risks to people's health and wellbeing including nutrition, falls and the prevention of pressure sore development. The risk assessments gave staff guidance to manage the identified risks.

We saw that activities were provided in accordance with what people enjoyed participating in.

The complaints procedure was displayed in a prominent place within the home and a copy was also placed in each person's bedroom. We saw that complaints made by people using the service had been appropriately and effectively dealt with.

People using the service and their relatives and representatives had opportunities to influence the development of the service by participating in meetings and by completing surveys about the quality and standards of care and support being provided.

Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. These checks included, monitoring risk assessments of the premises and equipment being used, monthly medication audit, monthly care plan audits, monitoring pressure relieving equipment, cleaning schedules, nurse call system, fire alarm system, health and safety checks and action taken to address any concerns identified during such audit checks.

Members of staff we spoke with told us that the management team were very approachable and supportive.

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?

Good

The service was safe.

People who used the service told us that Elizabeth House was a safe place to live.

Care plans viewed also included and identified risks to people's health and wellbeing including nutrition, falls and the prevention of pressure sore development. The risk assessments gave staff guidance to manage the identified risks.

Staff had been recruited to work in the service following an appropriate selection and recruitment process.

Suitable arrangements were in place to safeguard people from abuse.

Arrangements were in place to make sure that medicines were managed safely.

Is the service effective?

Good

The service was effective.

Appropriate staff training was provided to allow staff to do their jobs effectively and safely. Systems were also in place to provide staff with regular support and supervision.

People could make choices about their food and drink and support with nutrition and fluid intake was available when needed.

People's health and wellbeing was monitored and they were supported to access other healthcare services when required.

Appropriate arrangements were in place to assess if people using the service were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People who used the service were very complimentary about the staff and about the care and support they received.

People's dignity and privacy were promoted and we saw that people who used the service looked well-groomed and wore clean and appropriate clothing.

Staff encouraged people to make choices about their daily life style.

A visiting relative told us, "I leave here knowing that [relative] is safe and well cared for."

Is the service responsive?

Good

The service was responsive.

To help meet the needs of those people using the service and living with dementia, positive efforts had been taken to make parts of the home 'dementia friendly'.

Summary of findings

People had opportunities to participate in a range of appropriate activities.

Care plans, risk assessments and other associated care documentation were regularly reviewed.

Systems were in place for receiving, handling and responding appropriately to concerns and complaints.

Is the service well-led?

Good

The service was well-led.

Systems were in place to provide people using the service and their relatives, opportunities to give feedback about the management and quality of service being provided.

There were systems in place for assessing and monitoring the quality and standard of service provision provided.

Staff we spoke with told us that the management team were approachable and supportive.

The registered manager and staff understood the principles and values of the service and of those people using the service having the right to say how they would like to live.

Elizabeth 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.

We had recently received some anonymous concerns about the service and it was decided to carry out an inspection of the service sooner than planned to check the information that had been received.

This inspection was carried out over two days on the 9 and 12 November 2015. Our visit on 9 November 2015 was unannounced. The inspection team consisted on one adult social care inspector.

Before the inspection we reviewed the previous inspection reports and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They did not raise any concerns about the service.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

During our visit we spoke with the registered manager, deputy manager, one senior carer, one carer, a visiting relative, a visiting healthcare professional and three people using the service. We looked around the building, observed how staff cared for and supported people, examined three people's care records, four medicine administration records, four staff personnel files, staff training records and records about the management of the home such as auditing records.

Good

Is the service safe?

Our findings

People who used the service told us that Elizabeth House was a safe place to live. People's comments to us included, "This is a lovely home, such a nice place to live and yes, I do feel safe living here" and "The staff are wonderful and help make the place safe." People using the service, staff we spoke with and examination of the staff rota's indicated that there were sufficient experienced and competent staff on duty at all times to meet people's individual needs.

The recent anonymous concern we received stated that the service was very short staffed with some staff working double shifts. We spoke with staff and checked the staff rotas and there was no indication that the service was short staffed. Where staff worked a double shift, staff told us that this was to cover for sickness and holidays and staff had volunteered to provide this cover when necessary. Staffing levels were reviewed on a day to day basis depending on people's individual needs. Extra staff would be brought on duty to provide extra care and support to a person who may be particularly unwell or at end of life. We observed staff responding to people's requests for help and support in a timely manner and people received a quick response when call bells were activated.

We looked at four staff personnel files and saw that staff had been recruited following an appropriate selection and recruitment process. Each file contained an application form, job description and two references, one of which was from the person's last employer. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS carries out checks and identifies to the provider if any information is found that could mean a person may be unsuitable to work with vulnerable adults.

In the three care files we examined we found that care plans also included and identified risks to people's health and wellbeing including nutrition, falls and the prevention of pressure sore development. The risk assessments identified guidance for staff to follow about how to manage the identified risk(s) in order to promote and maintain people's safety and also how to minimise risks in order to further promote and maintain people's independence wherever possible.

Staff we spoke with expressed a good understanding of safeguarding matters and training records indicated that staff had received training in this subject and had access to the local authority's multi-agency safeguarding policy. This was also confirmed by the staff we spoke with. Staff were also aware of the whistleblowing policy and told us they would be confident if they needed to report any concerns about poor practice taking place within the service. Staff also confirmed that policies and procedures were readily available and easily accessible relating to both safeguarding and whistleblowing concerns.

Records seen showed that risk assessments were also in place for all areas of the home and general environment and policies and procedures were in place in relation to making sure compliance was maintained with health and safety regulations. The records seen demonstrated that the equipment used in the home such as hoists, lifts, electrical equipment and fire prevention equipment were regularly serviced and maintained in accordance with the manufacturers' instructions. A designated maintenance person undertook regular checks around the home and completed any jobs identified within their designated role, which included things such as general day to day maintenance, painting and decorating and the general upkeep of the grounds around the home. This helped to make sure the safety and well-being of all the people living, working and visiting the home was being maintained on a day to day basis.

Personal evacuation plans (PEEP) were in place for each person who used the service and these provided information and directions for staff to follow to keep each person as safe as possible should an emergency evacuation of the home be required.

The recent anonymous concern we received stated that the home had been 'without a cleaner in months and is dirty'. We looked around all areas of the home and saw the bedrooms, communal areas, toilets and bathrooms were clean and there were no unpleasant odours detectable. The registered manager confirmed that the domestic staff employed also covered care when required and had received appropriate training in order to do this.

We saw that suitable arrangements were in place for the prevention and control of infection within the home and the registered manager took the responsibility for making sure safe and effective infection control was maintained at all times. We saw that disposable vinyl gloves and plastic protective aprons were available for members of staff to use in order to protect themselves and people using the service from possible infection. The service also had a

Good

Is the service safe?

contract for the safe removal of waste, including the safe disposal of incontinence products with Oldham Metropolitan Borough Council and in accordance with the Environmental Protection Act 1990.

We looked at what systems were in place for the receipt, storage, administration and disposal of medicines. A designated medications room was used to store and lock safely away all medicines. A medicines trolley was used to transport medicines for administration to people using the service. Each person had their own medication administration record (MAR) and we checked the MARs for two people who used the service. The MARs indicated that people were given their medicines as prescribed by suitably trained care staff. We saw that following training, staff received regular competency checks to make sure medicines continued to be safely handled and administered in the home. This helped to make sure people's health and well-being was being protected. A number of people were prescribed medicines to be taken as and when required, for example, paracetamol and we checked the balances of two such medicines and found both the balances and records to be accurate.

Good

Is the service effective?

Our findings

We asked people who used the service to tell us what they thought about the staff working in the home, about the staff's attitude towards them and how well the staff carried out their job. One person said, "The staff are lovely and know what they're doing. I wouldn't change one of them." Another person said, "The girls [staff] look after us all very well. It's a lovely place to live and I have no complaints." One visiting relative told us, "I have no problems with the staff, manager or the home in general; it's really a very good service. You are made to feel welcome, given a brew and told how your relative has been. It takes a lot of worry off your mind."

During our visit to the service we spoke with one visiting health and social care professional who spoke positively about the service and later sent an email to the inspector to confirm this and the details included, "I have no significant concerns with the care delivered at the home. They [staff] view each resident holistically and will endeavour to deliver individualised plans of care. They [staff] will seek advice and support from within the team (community health care team) and have successfully looked after residents with complex needs."

Those staff we spoke with confirmed they had received appropriate induction training when they started working at the home. They also told us they had access to, and received core training that included, first aid, moving and handling, health and safety, fire awareness, safeguarding, infection control and food hygiene. We were provided with a training record by the registered manager which also indicated that staff had completed medication training and training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Training certificates seen on files confirmed that the training described had taken place.

Records we viewed also showed systems were in place to make sure staff received regular supervision and appraisal from the registered manager. However, from the records seen it appeared that some supervision sessions were held more frequently for some staff than others. The registered manager told us that the new deputy manager would be assisting with the responsibility for making sure all staff received supervision on a consistent basis. Supervision meetings help staff to discuss their progress at work and also discuss any learning and development needs they may have.

In our discussions with the registered manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work they had done to determine if a person had the capacity to give consent to their care and treatment. Our discussion with the registered manager demonstrated they had a good understanding of the principles of the MCA and of the importance of determining if a person had the capacity to give consent to their care and treatment. We also saw certificates confirming that most staff had completed training in MCA and DoLS and that this training was ongoing until all staff had completed both.

We spent time observing members of staff obtaining and gaining people's consent and agreement before any care or support was given. We also observed and noted from care records that not all people had capacity to consent to the care provided. We asked the registered manager to tell us how they made sure any care being provided was done so in the person's best interest. We were told that if, following assessment, a person did not have mental capacity to make decisions then a 'best interest' meeting was arranged. On one file we examined we saw that the Mental Health Liaison Nurse from the Care Home Liaison Service had carried out a mental capacity test, along with input from other health care professionals to decide on the best course of action to make sure the best outcome for the person who used the service was achieved. If required, the registered manager would make a referral to the Mental Health Liaison Nurse to obtain support and guidance.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We were told by the registered manager that, at the time of our inspection, DoLS applications had been made for each person currently using the service. The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

People's care records included an assessment of their nutritional status which was reviewed on a monthly basis or sooner if concerns were raised. We saw evidence to support that people's weight was checked and recorded monthly or more frequently if concerns were highlighted about weight loss or too much weight gain. Where concerns were identified we saw advice had been sought from the Community Nutrition and Dietetics department at

Good

Is the service effective?

the local Hospital Trust. We also saw evidence in care records that, where people may have had swallowing difficulties referrals had been made to the Speech and Language Therapist (SALT).

Care records seen indicated that people using the service had access to other health care professionals, such as community nurses, opticians, dentists, general practitioners and social workers.

People who used the service, who we asked, were happy with the quality and provision of food. They told us that there were choices at each meal and where needed, staff would help them to choose. We observed a lunch time meal being served and saw that the dining room was appropriately furnished and tables appropriately set for the meal being served. The atmosphere in the dining room was relaxed and people were assisted to move to the dining room or could choose to eat in the lounge area or in the privacy of their own room if they preferred. We saw people were allowed to eat at their own pace and not rushed to finish their meal. Staff stayed within the vicinity of the dining room and provided gentle and appropriate support to those people where this was needed. Where people's nutrition and hydration required monitoring, staff completed food and fluid intake charts and evidence of completed charts was seen.

We saw that equipment, such as hoists and aids and adaptations were available in the home to promote people's safety, independence and comfort and staff confirmed they had enough appropriate equipment to meet people's needs.

To help meet the needs of those people using the service and living with dementia, positive efforts had been taken to make parts of the home 'dementia friendly'. A 'memory room' had been created which was decorated and furnished in such a way to stimulate the memory of people to bygone days. We saw that a number of people who used the service just liked to sit in the room and look at the objects around them. We saw that staff encouraged people to talk about their past lives, where they wanted to. One corridor in the home had been decorated with 'brick effect' paper, giving the corridor an appearance of a terraced street. Each bedroom door had been colour coded using colours that helped people living with dementia recognise their own rooms. Each door was also fitted with a letter box and door knocker, giving the effect of individual houses on 'the street'. The registered manager told us that people had responded positively to this and was hoping to carry out similar 'effects' on other corridors in the home.

We looked to see what activities were provided for people. We saw that activities were provided in accordance with what people enjoyed participating in, including visits from a regular entertainer, barge trips, and trips to local theatres and singing sessions. During our inspection we saw staff encouraging people to participate in various activities, with most people enjoying a sing-a-long session.

Good

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. Comments made to us included, "We are looked after really well and want for nothing" and "The staff are very helpful to us." One visiting relative told us, "When [relative] needs something like being taken to the toilet, the staff respond really quickly so she doesn't get distressed. The staff are very respectful to people including visitors and I leave here knowing that [relative] is safe and well cared for."

The care staff we spoke with understood the importance of promoting people's dignity and privacy and we saw that people who used the service looked well-groomed and wore clean and appropriate clothing.

A discussion with the care staff on duty demonstrated that they knew and understood the needs of the people they were supporting. One member of staff, who we asked, was able to tell us, in detail, the needs of one particular person using the service and how those needs would be met. We observed staff caring for people who used the service with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms or toilets. We observed staff responding to people's requests to use the toilet and saw that people did not have to wait long before staff attended to them. During our observations we also noted that staff frequently reminded and encouraged those people who were unable to make a verbal request, to use the toilet.

People's individual preferences and independence was promoted by the staff team and we saw and heard care staff encouraging people to make choices about their daily life style. At the same time care staff were also seen to respect people's individual diversity and the right to live their life in a manner chosen by them, as long as it was done safely and did not adversely affect other people living and working in the home. For instance, staff were seen to give people the freedom to walk around the home or go to their room without constantly asking 'where are you going' or 'what are you doing'.

A health care professional from the community mental health team that had regular involvement with the home and people using the service told us, "They [staff] are extremely caring in all they do for the people living in the home. They [staff] do not make inappropriate referrals to our service and will look at physical factors that impact on mental health such as pain, infection, constipation, disease progression before suggesting our team become involved."

The atmosphere in the home was calm and our observations of interactions between staff and people who used the service provided evidence of professional, caring and supportive relationships.

Although we could see no evidence of information being displayed in the home about advocacy services available, the registered manager did have the name and contact details of several advocacy agencies that could be used if required. Such a service would support a person who needed help in making decisions about important aspects of their life and to support them in making sure their individual rights were being upheld.

We asked the registered manager to tell us how staff cared for people who were very ill and nearing the end of their life. A policy and procedure covering the Six Steps – End of Life Care was available to guide care staff in supporting people at such a difficult and sensitive time. Where possible information about a person's wishes regarding end of life care had been discussed and documented in their individual care plan. We saw evidence of a number of 'thank you' cards that had been sent to the staff by relatives of people whose lives had ended in the home. For example, "I just wanted to thank you for the amazing care for [relative] during all their years with you – couldn't have been better looked after. Right up to the end you cared for [relative] and I cannot thank you all enough and I can truly say that I know [relative] wouldn't have been around this long if they hadn't lived here [Elizabeth House]."

Good

Is the service responsive?

Our findings

Observation of staff carrying out their duties and talking with people who used the service, demonstrated that people's needs were responded to in a timely way. Comments made included; "The staff are lovely, they come whenever I need them" and "If they [staff] can't come straight away they always tell me so I don't worry, which I never do. It's usually because they are dealing with someone who is not too well or needs help quickly."

Prior to any person coming to live in Elizabeth House the registered manager would carry out an assessment of the person's individual needs. We saw examples of assessments that had been carried out before the person had move in to the home, to make sure that their identified needs could be fully met by the service.

In our discussions with the registered manager we were told that arrangements were in place for a member of the senior team, usually the registered manager, to visit and assess people's individual personal and health care needs before they were admitted to the home. This assessment would usually involve the person and their representative (if required) and information would then be shared about the person's support needs and current abilities and preferences of lifestyle. Information was also obtained from other health and social care professionals involved in supporting the person, such as their social worker. This assessment process helped to make sure as much relevant information was gathered and made available to staff and to support the person to enjoy a smooth transition when they came to live in the home. The relative of one person said, "The manager visited [relative] before they moved in and told us all about the service and what to expect. This information really helped."

We looked at the care records of three people who used the service. The records contained enough information to guide staff on the care and support to be provided. The information included details about the person's personal care needs, likes and dislikes preferred daily routines, medication and nutritional needs. All this information was contained within individual care plans that had been reviewed on a monthly basis, or sooner if necessary. Care plans also included information shared by other healthcare professionals such as advice from the community nutritionists and dietician.

Daily records were kept for each person using the service and these records were completed by care staff. We saw there were gaps in some records which meant it would be possible to add information at a later date and also some records were written on blank foolscap paper, which looked extremely untidy. We discussed this at the time with the registered manager, who dealt with the matter, including making sure staff wrote in black ink only when completing daily reports so that written information was legible and could be understood by all staff.

We saw that 'handover' meetings were undertaken at the start of each change of shift to help make sure that any change in a person's condition and subsequent alteration to their care plan was properly communicated and understood.

The complaints procedure was displayed in a prominent place within the home and a copy was also placed in each person's bedroom. We looked at the number of complaints received by the service since our last inspection and there had been seven. Two complaints were received directly from people using the service and we saw evidence that the registered manager dealt with all complaint issues sensitively and to the satisfaction of the service user or other complainant.

Good

Is the service well-led?

Our findings

At the time of this inspection visit there was a registered manager in post. The manager was registered with the Commission on 8 July 2014. The management team for the service consisted of the registered manager, a newly appointed deputy manager and four senior carers. The deputy manager and senior carers were able to confirm their role, responsibility and accountability in the absence of the registered manager. The nominated individual visited and worked in the home most days and took an active part in the management of the service, supporting both the registered manager and senior staff.

In our discussions with staff they understood their right to raise and share any concerns about the care provided at the home. One member of staff told us, "we are encouraged by the manager to raise any concerns we may have." Another member of staff told us, "The provider comes in most days and speaks with everyone. He likes to know what is going on in the home and how people are."

People using the service and their relatives and representatives had the opportunity to influence the development of the service by participating in meetings and by completing surveys about the quality of the service. We looked at nine completed survey questionnaires from the period April & May 2015. All feedback was very positive about the service and included the following comments, "The staff are always courteous, polite and are willing to listen to any concerns about [relative], and they always try to solve issues promptly", "[Relative] is always clean and nicely dressed. She is obviously very happy, she responds to all the staff and she is eating well", "The food served is of a good quality. I have regularly been asked if I would like to have food and it is always of a high standard" and "The staff tell the family what is going on and show us what is being done, for example, the memory room. I am happy will all aspects of Elizabeth House and will help in any way I can."

We saw that 13 people using the service had completed and returned survey questionnaires in June 2015. Some of the comments in these surveys included, "I like living here", "Staff are excellent", "I am very happy living here and everyone is welcoming", "I'd like to go out when it's nice, I used to go to bingo twice a week" and I would like to go out more e.g. for walk's in the park." We saw evidence that the registered manager had analysed the results from the survey and drawn up a plan of action to address the issues raised. We saw that action had been taken to plan for people to be supported more in the community and to be taken on outings when the better weather arrives.

We asked the registered manager to tell us how they monitored and reviewed the standard of service to make sure people received appropriate levels of safe and effective care. Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. The registered manager provided us with evidence of some of the quality checks carried out. These checks included, monitoring risk assessments of the premises and equipment being used, monthly medication audit, monthly care plan audits, monitoring pressure relieving equipment, cleaning schedules, nurse call system, fire alarm system, health and safety checks and action taken to address any concerns identified during such audit checks.

The registered manager reviewed incidents and accidents to make sure risks to people were minimised and reduced wherever possible and all falls were investigated.

We looked at the minutes from a meeting held in April with people who used the service. Minutes indicated that things relating to life in the home were discussed such as, menu planning, food likes and dislikes and activities. Comments written in the minutes included, "All service users expressed that they were happy living at the home and liked the new memory room we have just completed. The memory room created a wide discussion where services users took staff back in time."

Both the registered manager and staff who we asked understood the principles and values of the service. One member of the staff team told us, "We all know that each resident must be treated as an individual, with choices and the right to say how they would like to live, and we have to respect that.

We saw that staff meetings were held on a regular basis and included 'topic specific' meetings. For example, in May 2015 a medication meeting, including competency training was held with all staff with the responsibility for administering medicines in the home. Staff meetings were held for all grades of staff to make sure information was shared in a consistent way. For example, on 18 April 2015 a general staff meeting was held to discuss an Environmental Health Inspection that had taken place.

Good

Is the service well-led?

On the 20 April 2015 a catering staff meeting was held to discuss the same issue. Other staff meetings covered issues such as, staff morale, infection control, results and feedback from surveys, deputy manager responsibilities, cleaning schedules and training dates. Minutes from one management meeting included delegating areas of work and responsibilities, and discussing medication – New Standards of Operating Procedures.

Those staff we spoke with told us that the management team were very approachable and supportive and comments made to us included, “Our manager is a nice person, someone who really cares. The provider comes in most days and he always goes around and speaks with everyone”, “I think the service is really very well managed” and “Now we have a new deputy to help the manager things will get even better. We have a really good leader and good senior team.”