

Anchor Trust

# Elizabeth Court

## Inspection report

Grenadier Place  
Caterham  
Surrey  
CR3 5YJ

Tel: 01883331590  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

Date of inspection visit:  
25 July 2018

Date of publication:  
10 August 2018

### 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

Elizabeth Court is a care home that is registered to provide accommodation and personal care for up to 59 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home is set out over three floors with easy access between floors via a lift. There are five separate living areas each with their own dining room and communal lounges.

This unannounced inspection took place on 25 July 2018. At the time of our inspection 39 people were living in the home.

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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

We last inspected this service in August 2017 where we carried out a focused inspection to check action had been taken in response to some enforcement action we had taken following our inspection in March 2017. In March 2017 we identified breaches of Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person-centred care, medicines and risk assessments, good governance and staff deployment. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager had failed to notify us of significant events that had taken place in the service.

At our focused inspection in August 2017 we found the service had started to improve, however we felt those improvements needed to be embedded into the service. A new manager had just started at the service at that time and they subsequently registered with CQC. We used this inspection to check improvements had been sustained and continued progress had been made. We found the registered manager had made significant improvements to the service and as such our concerns in relation to medicines management, staff deployment, risk assessments, activities, record keeping, good governance and notifications had been addressed.

Information for people was provided in a way they would understand and where there were restrictions in place staff followed the principals of the Mental Capacity Act 2005 (MCA). We did identify however that some documentation was a bit muddled in that some people had best interests decisions despite having capacity make decisions and have made a recommendation to the registered provider in this respect. People's care plans were detailed and where a person's needs changed staff responded to this. However, we did find some further work was needed to ensure people's end of life wishes were recorded. We have made a recommendation to the registered provider in this respect.

People's medicines were handled in a safe way by staff and people received the medicines they required. We saw staff attending to people's needs on the day in a prompt way which demonstrated a sufficient number of staff were deployed at the service.

People were cared for by staff who were kind, caring, attentive and showed respect towards them. People could have privacy when they wished it and they were given the opportunity to contribute to their care decisions.

People were cared for by a consistent staff team who felt supported by the registered manager. Staff had access to the training and supervision they required in order to carry out their role. It was clear the culture within the service was good as staff worked well together. Staff met on a regular basis to discuss all aspects of the service.

Staff ensured people had access to health care professionals when they needed it as well as to a range of nutritious food to help keep them healthy. Staff used national guidance to support them to provide effective care. Where people had accidents or incidents staff took appropriate action and as such reflected on incidents to aid their learning.

Risks to people had been identified and guidance was in place for staff. Before people moved into the home their needs were assessed to ensure staff could provide effective, safe and responsive care. The home was adapted to meet people's needs and staff ensured people were not at risk of infection or abuse because they understood their responsibilities in respect of these. This was aided by the registered provider's robust recruitment process.

Health and safety and quality assurance processes were in place to check the environment that people lived in was safe and the service people received was of a good quality. In the event of a fire there was fire information available for staff and the emergency services.

People were given the opportunity to give their feedback on the care they received. People had access to a range of activities and were happy with the care they received from staff. They told us they were confident if they had any concerns or complaints these would be addressed.

The registered manager had developed a positive culture within the home. One that was open and transparent. They had worked well with the local authority safeguarding team to investigate any concerns and had developed relationships with other external agencies in order to improve the care people received at the service.

## 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's medicines were managed correctly.

Deployment of staff was such that people received the care they needed when they needed it.

Risk assessments were in place for people.

Good infection control processes were followed by staff.

Equipment in relation to fire safety was regularly checked and tested and there was a contingency plan in place for people.

Staff were knowledgeable in relation to their safeguarding responsibilities and when accidents and incidents occurred these were recorded and lessons were learnt.

### Is the service effective?

Good ●

The service was effective.

People's care was provided in line with the Mental Capacity Act 2005, although we have made a recommendation to the registered provider in relation to some documentation.

Staff had access to appropriate support, supervision and training.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Before people moved into the home their needs were assessed and the environment offered appropriate facilities for people.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence and people could make their own decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

No one was receiving end of life care; however, we have made a recommendation to the registered provider to ensure people's wishes are recorded.

Care plans were detailed and were regularly reviewed to ensure they continued to reflect people's needs.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities, outings and events.

Complaints were managed and investigated appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open culture in which feedback was encouraged and used to improve the service. The registered manager had made significant improvements to the service.

There was effective communication between staff at all levels.

The provider had implemented effective systems of quality monitoring and auditing and staff worked with external agencies to widen the service that was offered to people.

# Elizabeth Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 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 25 July 2018 and was unannounced. The inspection was carried out by three inspectors and an Expert by Experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had returned a Provider Information Return (PIR) in 2015. 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.

During the inspection we spoke with 13 people who lived at the home, two relatives and two visitors. We also spoke with one healthcare professional. We spoke with 11 staff, which included the registered manager, activities, catering staff and the provider's district manager.

We looked at the care records of seven people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service. We asked the registered manager to send us some further information, such as staff training and supervision records, minutes of meetings and evidence of activities following our inspection. They did so within the agreed timeframe.

# Is the service safe?

## Our findings

People told us they felt safe living at Elizabeth Court. One person told us, "Yes, I feel safe. I am not exactly sure why but I do."

At our inspection in March 2017 we identified a breach in Regulations 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to medicines management practices and a lack of risk assessments for people and a lack of appropriately deployed staff. We found at this inspection those areas of concern had been addressed.

People's medicines were handled safely. Documentation and storage of medicines was safe and we found no gaps in people's Medicines Administration Records (MARs). This told us that people received the medicines that had been prescribed to them. MARs contained an up to date photograph of people for identification purposes, GP information and any known allergies. Creams and liquids were dated upon opening and there was no excess stock of medicines. Where people took 'as required' medicines there were protocols to support these. We observed a staff member administering medicines at lunchtime and noted they followed good practice and involved people in what they were doing. For example, asking people how they would like to take their medicines.

People were cared for by a sufficient number of staff. One person told us they felt there was enough staff and they did not have to wait for attention. Another person said, "There are always staff around." We did identify one living area where, during the morning, deployment of staff could have been better organised as there was a period when no staff were in the lounge area. We spoke with the registered manager about this and during the remainder of the inspection we saw people's needs being met promptly and there was always a staff member around to assist people. One staff member told us, "I would say at the moment we definitely have enough staff." A further staff member said, "There is enough (staff). We can radio the team leaders who will come and help." A healthcare professional told us, "There is always a staff member to help me – sometimes two."

People were cared for by staff who had undergone appropriate checks before they began working at the service. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence of references, proof of identity and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK. A staff member told us they could not start work until they had provided references and had a DBS check.

People were cared for by staff who understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. One person told us, "Staff are never rough with me." All staff attended safeguarding training in their induction and refresher training in this area was provided regularly. A staff member told us, "I would report anything to my senior, maybe the police or another senior person in the organisation." A second said, "We have to protect people from all sorts of

abuse. We take it very seriously. No hitting, shouting or pushing." There was safeguarding and whistleblowing information available for staff and staff told us they were aware of this. 16 potential safeguarding incidents had occurred at the service since October 2017. We found from the information in the notifications we received from the service that the registered manager had worked in conjunction with the local authority to investigate these. One of the safeguarding incidents involved a person who required two staff to move them safely but they had been moved by one staff member only. The registered manager had taken appropriate action and also discussed this at a meeting with staff which demonstrated they learnt from incidents and used these to remind staff of good practice. The registered manager told us, "The most recent resident to resident incident made us reflect on the information we should ask about people before they move in here."

Risk assessments had been carried out to identify any risks involved in people's care, such as inadequate nutrition or hydration, pressure ulcers or choking. Where risks had been identified, staff had implemented measures to reduce the likelihood of them occurring. This included a risk assessment for one person should they fall asleep in their chair and increase the likelihood of them falling out of it. Guidance was in place to remind staff to ensure this person's chair was reclined whilst they were in it. This same person had a sore on their hand and they would often remove the dressing. There was information to remind staff to regularly wash their hands if they were assisting this person to reduce any risks of infection. We saw staff do this when they assisted this person to have a drink. Another person was at risk of choking and the Speech and Language Therapy team had recommended the use of a teaspoon when assisting this person to eat. We saw staff use this at lunchtime. We saw some people wore call bells around their necks so they could move around independently whilst staying safe and when two staff were observed transferring someone with a hoist this was completely competently and safely. A relative told us, "It's very good here. There have been a few emergencies and they have always looked after her very well."

The registered manager reviewed accidents and incidents to help ensure appropriate action had been taken to prevent a recurrence. Records recorded the incident, what had happened, injuries sustained and time and place. The registered manager analysed the information each month to look for trends and to act if people had had an increased number of falls, for example. Such as a referral to the falls team for one individual.

Staff carried out regular health and safety checks on the premises and equipment. During our inspection the service was having a health and safety check and previous to our inspection the fire brigade had carried out a routine fire safety inspection. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency. Other checks included Legionella (water safety), gas safety and portable appliance checks. A staff member told us, "If there is a fire we go to reception and the team leader takes control. We go off with walkie-talkies and if need be evacuate people into the car park."

People lived in an environment that was clean and hygienic and we did not have any concerns about the cleanliness of the service. All areas viewed were cleaned to a good standard, this included people's en-suite bathrooms. Staff were seen wearing gloves when required and washing their hands frequently. There was a cleaning schedule in place which was fully completed. A housekeeper told us they had received all the appropriate training relating to infection control.



# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff had a good understanding of the MCA and that where specific decisions were required for people staff followed the principals of the Act. People had mental capacity assessments in place. These related to their capacity to make the decision to live at Elizabeth Court and to have bedrails or movement sensors in place. We did find some people had capacity assessments and best interests decisions but they had not always been completed in the order they should have in order to follow the requirements of the Act. Other people had documentation in place when it was not required, for example, in the case of one person who had capacity to make their own decisions. We raised this with the registered manager at the end of our inspection and discussed with them the need to review some of the documentation as it was muddled. They told us their staff member who was the MCA lead would be tasked with checking each person's records. Where people were subject to restrictions for their own safety, applications for DoLS authorisations had been submitted to the local authority.

We recommend that the registered provider ensures that documentation held for people always follows the principles of the Mental Capacity Act 2005.

People were cared for by staff who had the knowledge and training they needed to provide effective support. A staff member told us, "They are very strict on you doing your training. They were saying they couldn't give me shifts until I had completed it. I found it very useful. Things like fire training was very good in knowing what to do and how to help people if we need to." Another member of staff said, "The training is very good and it is all the necessary training I need, such as Level 3 food safety." A third staff member told us they had undergone induction which included shadowing a longer standing staff member. They said, "I find Anchor one of the best for training. You can always ask for additional training."

Staff told us they were well supported in their work by their colleagues and senior staff. Staff had regular one-to-one supervision sessions with their line manager, which gave them the opportunity to discuss any support or further training they needed. A staff member said, "We have supervisions and the manager's door is always open."

People told us they enjoyed the food provided and that staff knew their likes and dislikes. People commented, "There is always fresh fruits around," "When its meal time they make sure I am aware," "You

can ask for alternatives like salad/omelette. They make nice creamy sandwiches and breakfast is super." One person told us, "Breakfast is fine, but my lunch is my main meal – it's when I like it."

People's nutritional needs had been assessed and risk assessments had been carried out to identify any risks to people in eating and drinking. Referrals had been made to healthcare professionals, such as a speech and language therapist and a dietician, if people developed needs that required specialist input. We saw at lunch time one person being given large handled cutlery to assist them to eat independently. This was in line with their care plan. Other people were being assisted to eat by staff who sat directly beside them and were attentive to the person. One person who was diabetic had reduced sugar marmalade available for their toast at breakfast time and the chef made reduced sugar cakes. The weather was very hot during our inspection and we observed staff constantly prompting people to drink and bringing around ice lollies in the afternoon to help hydrate people whilst keeping them cool. People could choose where they ate. We saw one person sitting at the end of a corridor having their lunch. They told us, "The food is very good. I like to sit in the corridor in peace and quiet having my lunch." Where people may struggle to choose what to eat staff showed them a choice of plated up foods to assist them in deciding.

People's needs were assessed before they moved into the service to help ensure that their individual care needs could be met by staff. We noted that information in pre-assessments covered all aspects of a person's care needs. They included a person's medical history, medicines, communication, mobility and nutrition as well as other aspects. The information recorded in people's pre-assessments formed the basis of a person's care plan. The chef told us when people moved in they were notified of any specific dietary needs of that person which included one person who was lactulose intolerant.

People were supported by staff to access healthcare professionals if there were concerns about their health or well-being. One person told us, "I usually have my health checks." We read evidence of involvement in people's care plans from the GP, district nurse, optician and chiropodist. The dates of the chiropodists visits were displayed for people. A relative told us, "The service is ideally located near the GP surgery so they have easy access to all the health professionals." A healthcare professional told us, "If I ask for things to be done, they are."

The service was suitable for people's needs. We saw it was homely and communal areas were welcoming and well-furnished. There were lifts available for people to use to assist them in moving around the building. Each room had its own en-suite facilities and bathrooms had adapted baths for ease. Where people were living with dementia we noted sensory items located around the service and corridors decorated with pictures, photographs, poems, landmarks and murals which people could touch. For example, staff had noticed one person reading street signs when on an outing and staff knew this person loved London so a wall was decorated with sayings and pictures of London. A healthcare professional told us, "One day I came in and saw a lady walking along the corridor reading and touching the writing on the wall. It was lovely." A staff member told us, "I did my research and decorated the corridors – my imagination just goes wild!" Doors to people's bedrooms were personalised so they were easily recognisable, such as one person's door which had pictures from their travels over the world. A person who liked to play Scrabble had their door decorated with Scrabble letters. People were given the option to decorate their walking frame to help them identify it.

## Is the service caring?

### Our findings

People told us staff were kind and that they enjoyed their company. One person said of staff, "They are caring, friendly and do their best." Another told us, "I am happy about the staff. They look after me." A third said, "They are all very kind here." A relative told us, "Staff genuinely care about the residents. I am delighted she is so well looked after and they're so patient with her."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful, yet friendly manner. It was clear that people had developed positive relationships with the staff who supported them. Staff were proactive in their interactions with people, making conversation and paying them compliments. A staff member said to one person, "You look lovely when you smile." Staff were able to describe people to us, where they came from, occupations, things they enjoyed as well as their current needs.

Staff supported people in a kind and caring way. Staff sat or knelt beside people when speaking to them and used a gentle appropriate touch. One person told us, "I came here for respite, but decided to stay." Another person said, "If the place was not nice, I would have gone!" A third person was pleased to tell us, "You see, they (staff) baked a cake for my birthday. They are so nice!"

People were cared for by staff who demonstrated empathy towards them. One person became upset and confused about their slippers and pop socks as they felt they were not theirs and were uncomfortable. A staff member gave them lots of reassurance, found their other slippers and took time to adjust their pop socks. A relative told us, "Staff definitely understand her. Today mum was due to go to an appointment and I had one too. I knew she would worry about me if she knew what was going on so staff covered it for me and made sure she wasn't concerned."

People were able to make their own decisions about their care and could have privacy when they wished it. One person told us they liked to be in control and said, "I feel I can be here to a certain extent." Another person told us they liked to spend time in their room watching television and we saw staff respected this. A third person said, "I feel I am in control of my care." We saw one person get up much later in the morning. They told us, "I like my lie in, it absolutely suits me. This is the normal time I get up." We saw where people could they had signed and dated reviews of their care plan. We read that some people had requested female care staff only for their personal care and checked daily records to see if this request had been met. We found it had. A staff member told us, "I give choice (to people) every single day and at all times of the day."

People were encouraged to do things for themselves. We observed a staff member encouraging a person to be independent with their lunch, checking whether they needed any assistance in order to do so. The staff member said, "Shall I cut that up so you eat yourself?" One person had their cat living with them and they told us, "Staff are kind to [cat name] and always make sure he has fresh water." Some people wished to run a stall at the summer fair and were decorating specific posters for them. A staff member said to one person, "I'm so grateful for your help (decorating the posters) it's been wonderful."

People were treated with respect and dignity. A staff member told us, "We knock on their doors, ask them

what they want; a bath, wash or a shower, close the curtains and doors. I always try to get people to do most of it themselves if they can and just help when they need it." We observed staff were consistent in knocking on people's doors before entering. We also heard a staff member say to one person who they had accompanied to the toilet, "I'll wait outside here for you."

People's rooms were very personalised with articles and furnishings that meant something to them. We saw family photographs and ornaments from people's homes. There was a religious service held at Elizabeth Court each month so people's needs in relation to the beliefs could be met.

People had access to information about their care and the provider had produced information about the service. Information relating to activities or other events taking place were displayed on the notice boards in the service. These were easily accessible to people. A relative told us, "When my mum arrived here she was given a welcome pack with all the information about this place."

People could maintain relationships with people close to them. We saw several visitors come into the home throughout the day to spend time with their family member or friend. One visitor told us, "I come to visit my friend every week. It's a pleasant place and I feel she is happy here." Volunteers were also involved in the service. They chatted to people or spent time with them engaged in a one to one activity. The volunteer told us, "I come here every month; once or twice. It's a good place to be. There is good interaction with the residents and there is a lot they can do here. All the staff are nice and they do what they can. I enjoy it (coming here) so much."

## Is the service responsive?

### Our findings

No one at the service was receiving end of life care however there was some evidence in people's documentation of advanced directives. We read that they approached this subject each month with one person as part of their care plan review. To date the person had chosen not to discuss the details. Another person had been recently bereaved and again, they were not ready to talk about this subject. Other people had very basic information around their end of life wishes, such as if they wished to remain at Elizabeth Court. The service had an 'end of life' champion whose role was to speak to people about their wishes.

We recommend that the registered provider discusses with people their wishes and preferences around their end of life care so staff can enable people's final wishes to be respected.

We asked people whether they felt there was enough to pass the time for them both within the service and outside. The comments we received included, "The new coordinator is brilliant, she has got lots of ideas," "One week ago we went to see the lavender fields. It was so beautiful," "Once a week we have the toddlers coming. I enjoy that," "We have a film night every week now. It's so nice" and, "We had a tractor ride!"

A wide range of group and person-centred activities were in place for people. As well as offering a variety of group activities such as gardening afternoons and film nights the activities coordinator had focused on each individual and their goals in the form of a 'wish' tree. People wrote down a goal they would like to achieve on a leaf which was added to a display board. Once the goal was achieved the leaf would be turned over and a picture of the person achieving their goal placed next to it. We could see the 'wish' tree was starting to look very green as several wishes had been granted. One person used to sing and the coordinator had arranged for them to sing with a Welsh choir, another person wished for a trip to Wisley Gardens and this was arranged for them. Other wishes included eating strawberries and cream and visiting some horses on a farm. Virtual cycling had also been introduced where people sat in front of a computer with freestanding pedals at their feet. People 'cycled' whilst watching real footage of different countries. One person told us, "I cycled through Corscia last week – it was beautiful!" The week before our inspection there was a trip to the local lavender field. One person had bought some lavender which they showed us saying, "It was such a lovely day out for everyone." We saw pictures displayed all around the service of people participating in activities.

During the day people were taking part in an art and craft session decorating posters for the service's summer fair that coming weekend. One person told us, "We are going to have a summer fair here. We are making different things." Where people were living with dementia we watched as staff helped one lady change her 'babies' clothes and spend time chatting to them about the weather. A relative told us, "Activities are very important to mum. They have varied in quality over the years but [activities coordinator] is tremendous. Things are very good now. They're the thing that makes the place stand out."

The service encouraged the public to engage with them. A toddler group was held at Elizabeth Court each week when mothers and adults could bring their children into the home. Two people told us they enjoyed this very much and it was a beneficial session for people living with dementia as they had the opportunity to cuddle the babies and younger children. Older children came in as 'wellie pals'. These children were

matched with one person at the service and together they would have a matching pair of wellingtons in which they would plant flowers and track their progress. A staff member told us, "The best thing [registered manager] did was to employ [name] (activities coordinator)."

At our inspection in March 2017 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that people were not receiving person-centred care. At this inspection we had no such concern as people were receiving care responsive to their needs.

People's care plans were written in detail and included people's likes, dislikes and background information. For example, one person liked to have their breakfast in another living area and this was documented and the daily notes for this person reflected their preference. Another person was recorded as liking, 'classic cut design clothes' and we saw they were dressed in line with this. Where people had particular conditions these were recorded, such as one person who suffered from diabetes and there was a care plan and guidance in place for this. This same person had previously lost weight and their care plan evidence that staff had identified this and fortified foods and supplements were introduced which had stabilised the person's weight. A second person had cataracts and staff were reminded that very bright or dim lighting would affect how well they could see. A third person needed to have their eyes checked daily by staff. There was clear and detailed information on how to do this and we read from the checklist that this was being carried out by staff in line with the person's care plan. The person told us staff always ensured their glasses were clean.

People told us they felt they could speak to staff or the manager should they wish to complain and there was clear complaints guidance on display for people to refer to. A person told us they felt they could complain to the manager or let them know if they had any concerns. One person said, "I know who the manager is, but I have never raised a complaint." A further person said, "If I had any concerns I would speak to the manager." We noted 10 complaints have been received by the service since our last inspection. These included complaints about care practice, personal belongings, activities being cancelled and a call bell not being near to a person during the night. We saw for each complaint the registered manager had taken action to resolve it. This included meeting with the complainant, giving an apology and arranging further staff supervision to address issues.

## Is the service well-led?

### Our findings

At our inspection in March 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of quality assurance monitoring of the service and a lack of support for staff. As a result, we took some enforcement action against the registered provider. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager was not compliant with the regulations in relation to notifying CQC of significant events. We identified no such concerns at this inspection and found the improvements that had been made by August 2017 had been sustained and had continued to improve.

There was a positive and person-centred culture amongst staff and staff told us they felt management were approachable. One staff member told us they felt fully supported by the registered manager and could speak to them about anything. They said they had noticed a positive change in the atmosphere of the home since the registered manager had started. They also said that the registered manager had done extra hours and come in on their day off for special events which had been good for staff morale. The activities co-ordinator told us, "I am never told an idea is stupid. I'm asked 'how can I be supported to make it happen?'" Another staff member told us, "It's a good team and if you open up to them they support you." Two other staff reported to us, "It is 100% better here. [Registered manager] is brilliant, she listens and takes action. Things are great now." A relative told us, "Since [registered manager] has come in she's been very good. There have been lots of initiatives and she's brightened the place up."

Staff told us they felt valued. One staff member said they received flowers and a card from the registered manager to thank them for their hard work. This had meant a lot to them. Another staff member asked the registered manager for a buddy when they first started in the service as they had not worked in care before and the registered manager had organised this for them which made them feel valued. A third told us, "[Registered manager] is great – she's like a mum. It's like the staff and residents are one big family."

The registered manager encouraged staff to take responsibility for the service and the care that was provided to people. She had initiated a 'living area of the month' award. We saw this had been awarded to one living area with the comment, 'well done [name] and her team for improving engagement and taking pride in the appearance of customers living in this area.' Staff told us that any areas they needed to improve were identified by the manager and they were supported to make changes to how they worked. The registered manager had introduced champions. These were staff with specific responsibilities for areas such as memories, safe living, activities, companionship, dementia, safeguarding and continence.

The registered manager had made significant improvements to the service since our last inspection and had a drive to continue to improve. The environment was brighter and there was a 'buzz' about the place. A healthcare professional told us, "[Registered manager] has made a positive impact. It is much more of a community now. People seem engaged." The registered manager told us they had bid for the 'Archie' project which was a project working with local schools and toddler groups. They also said they were a director of the local village association in order to raise the profile of the service and encourage joint ventures.

People were encouraged to give their feedback about the service they received. Minutes of a recent activity meeting recorded people's positive feedback in relation to activities and they were asked for suggestions on future events. One person had requested a dartboard and this was purchased. There was a 'you said'/'we did' noticeboard. We noted that people had said the environment was bright, staff were customer focussed, they liked the mini-bus outings, garden club and cakes. They asked for less fixed routine, aprons for messy activities and more variety at supper time. All of these had actions against them on how they would be addressed. The registered manager held monthly surgeries for anyone wishing to discuss a concern, suggestion or worry. This was open to people and their family members.

The service had formed positive relationships with external agencies both locally and nationally to improve the care people received and to improve the experience of living at Elizabeth Court. Connections had been forged with a variety of firms in order to receive donations for projects around the service such as developing a 'beach' area for outside which included a donation of a pond liner and a sandpit. Information on noticeboards included fact sheets on oral health and the outcome of a Healthwatch visit (Healthwatch is an independent national champion for people who use health and care services). There had been a talk by the Kent, Surrey & Sussex air ambulance service and an open day with representatives from the forces. The service worked closely with the community matrons and local paramedics joined their coffee morning. They were the local supermarkets 'community champion' and had run dementia training for the supermarket's staff.

Where quality visits were carried out we saw evidence that the registered manager had responded to any recommendations. We read in the Local Authority's quality visit which took place in March 2018 there was a recommendation to include oral health information in people's care plans and to record information on high or low blood sugar levels for those with diabetes. We saw both were now included in care plans.

Provider and internal quality audits took place to check the service being provided was of a good quality. We noted from the district manager's last audit visit they had identified some shortfalls in training, end of life information, medicines and infection control. These had started to be addressed. In addition, staff carried out audits on areas such as infection control, housekeeping, care plans and accidents/incidents. An external medicines audit had identified no actions.

Where significant events/accidents/incidents occurred at the service we found the registered manager had submitted notifications to CQC in line with their requirement of registration.