

Governors of Sutton's Hospital in Charterhouse Queen Elizabeth II Infirmary

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

The Queen Elizabeth II infirmary provides nursing care to a maximum of 10 people. Accommodation is provided in single rooms, with shared living and dining facilities. The service currently has nine people in residence.

This inspection took place on 20 April 2016 and was unannounced. At our previous inspection on 2 May 2014 the service was meeting all of the regulations that we reviewed.

At the time of our inspection a registered manager was employed at the service. 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.

The staff of the service had access to the organisational policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Islington, which is the authority where the service is located. The members of staff we spoke with said that they had training about protecting adults from abuse, which we verified on training records and each of the staff we spoke with was able to describe the action they would take if a concern arose.

Risks to people using the service were considered and common risks such as the risk of falls and those associated with people's healthcare needs were included. Any risks associated with people's individual circumstances were also given attention and responded to. The instructions for staff about how to minimise risks were clear and were updated regularly.

There were policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that people who could not make decisions for themselves were protected. The service was applying MCA appropriately in the small number of cases where people were thought to require assessment. The service had the necessary guidance relating to DoLS and had applied this correctly.

People were supported to maintain good health. Registered nurses were on duty at the service throughout each day and night and a local GP was available to visit the home if required, although people usually attended the local practice when they needed to with staff support if necessary. Staff and people using the service told us they felt that healthcare needs were effectively met.

Everyone we spoke with using the service and relatives praised staff for their caring attitudes. The care plans we looked at showed that attention was given to how staff could ascertain each person's wishes in order to maximise opportunities for people to make choices.

Communication between people using the service, relatives, visitors and staff was open and respectful. Staff talked about the people they cared for with dignity and respect and knew their responsibilities in providing effective care.

The staff team communicated effectively and there was trust in approaching senior staff and the registered manager to raise anything of concern and to discuss care practices. The views of staff were respected as was evident from conversations that we had with staff.

At this inspection we found that the home was meeting all of the regulations that we looked at.

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 safety and any risks to their safety were identified and reviewed. We found that there were enough staff to care for people at different times of the day.

Medicines were stored and administered safely by nursing staff who received relevant updated training.

The provider took the necessary steps to ensure that the premises and environment were safe for people using the service, staff and visitors.

Is the service effective?

Good ●

The service was effective. The provider was taking the necessary action to ensure that staff updated their knowledge through training, supervision and appraisal. There were plans in place to address any updates in skills and knowledge that staff required.

There was a programme in place to ensure that the service updated and assessed people's capacity to make decisions about their own care and support. If deprivation of liberty safeguards applied to any person, this was managed appropriately.

Is the service caring?

Good ●

The service was caring. Throughout the day of our inspection, staff were observed talking with people in a respectful and friendly manner.

Staff demonstrated a good knowledge of people's characters and personalities.

The service placed a significant amount of emphasis on communicating with people living at the home, their relatives and to treating people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive. We found that people were engaged in activities if they chose to and were encouraged to participate

in events held in the Charterhouse , which is the charitable site where the home is located, as a whole.

We found that people's involvement in decision making about their care was given priority and their views were respected.

Is the service well-led?

Good ●

The service was well led. The provider used a variety of methods for monitoring the quality of care.

Meetings with people using the service and relatives took place, feedback was sought and action was taken to address comments people made.

The provider had an effective means of monitoring the quality of care and used management meetings and meetings of the trustees to regularly review the quality of the service.

Queen Elizabeth II Infirmary

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced which meant the provider and staff did not know we were coming. The inspection took place on 20 April 2016 and was carried out by one inspector.

Before the inspection we looked at any notifications that we had received and communications with people, their relatives and other professionals, such as the local authority safeguarding and commissioning teams as well as other health and social care professionals.

We gathered evidence of people's experiences by talking with five people using the service, two relatives and by reviewing communication that staff had with people's families, advocates and other care professionals. We also spoke with the nominated individual for the provider organisation, registered manager, deputy manager, visiting physiotherapist and two members of the care staff team.

As part of this inspection we reviewed three people's care plans. We looked at medicines management, training, appraisal and supervision records for the staff team. We reviewed other records such as complaints information, quality monitoring and audit information, maintenance, safety and fire records.

Is the service safe?

Our findings

The comments that we received from people living at the home, relatives and a visiting healthcare professional about the service were almost entirely positive. A person using the service told us, "I would ask [the registered manager] if I had any concerns" and a relative told us, "[staff] are very respectful and so very aware [referring to what their relative needs and how to keep them safe]."

Everyone we spoke with thought there were more than sufficient numbers of staff. A person using the service told us, "There are always staff around" and another said, "[staff] are very attentive in everything they do. Also at night, they are very competent."

Staff had access to the provider's policy and procedure for safeguarding people from abuse. They also had the contact details of the London Borough of Islington, which is the authority where the service is located and it was mostly this authority placing people at the service. The members of staff we spoke with demonstrated their awareness about protecting people from abuse and all of those we spoke with were able to describe the action they would take if a concern arose.

Training records that all of the staff had received training about safeguarding people from abuse. The staff we spoke with also told us that this training had taken place.

Staff worked in co-operation with people using the service, their families and the local authority if any concerns arose. We found that no safeguarding concerns had been raised since our previous inspection.

Staff all told us that there were enough staff at different times of day to care for people. Our review of the staff roster for the three months prior to our inspection showed that this was the case and comments from people using the service, relatives and visitors also confirmed they were of the same view.

We discussed staff recruitment since our previous inspection. Three staff had been recruited; one nurse and two care workers and we verified that the appropriate background, including Disclosure and Barring Service (DBS) checks, had been carried out. Nurses were all registered with the Nursing and Midwifery Council (NMC) and registration renewal and training to continue to practice were all verified.

Where people were identified as at risk of pressure sores there was detailed and clear information was provided to staff to minimise this risk. Actions included provision of air mattresses and instructions concerning the monitoring of these, regular recording of a person's weight, their need for fluids and a balanced diet, checks required on skin integrity and the application of barrier cream. Staff had clear instructions about how to minimise the risk of pressure sores and carried out the routine checks required.

We saw other risks assessments, for example, about the risk of falls or using the alarm call system. The instructions for staff about minimising risks were clearly outlined in these assessments.

During our visit we checked the communal areas of the service which were all clean and well maintained.

Health and safety checks of the building were carried out and the appropriate certificates and records were in place for gas, electrical and fire systems. The provider had an emergency contingency plan for the service, which we saw was detailed and gave clear instructions about the response to emergency situations.

People were supported with their medicines and these were stored safely. Medicines Administration Record charts (MAR) had been fully completed by staff. The records showed that people had received all their medicines as prescribed at the correct times of day. Staff were trained in supporting people with their medicine and there were guidelines in place for staff to ensure that people received these appropriately. Records showed staff had followed this guidance and the service also had their medicines management audited by the service. Only the registered nurses were authorised to administer medicines.

Is the service effective?

Our findings

Staff told us they had effective training and commended the amount of training opportunities that were available to them. They received regular training, supervision and appraisal to ensure they had the skills and knowledge to meet the needs of people using the service. Staff told us they received supervision every three months. Supervision records showed this was happening consistently, with nursing staff having regular monthly clinical supervision and practice observations. Staff attended regular training which included infection control, safeguarding adults, moving and handling, dignity in care and fire safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Senior staff had awareness of Deprivation of Liberty Safeguards (DoLS). We were told that currently these safeguards applied to three people using the service and care plans showed that the legislation and procedures for this were being adhered to. We were able to verify from discussions with staff that all had completed DoLS training, which was a part of the training in dignity in care that staff undertook.

Care plans had the correct forms in place recording decisions about resuscitation choices where this was relevant. Forms were reviewed by the GP, discussed with the person in question and, if necessary, with relatives.

People told us "The food is very good, you do get to choose", "we do get a lot of fresh food and you can have a full breakfast every day if you want" and "the food varies but on the whole it is good." When looking at the menu plan we found that this offered choice and people could choose preferred meals.

Nutritionist advice was available from local health care services when required and the service had sought this advice when assessments were thought to be needed.

Relatives told us they were kept updated about their relatives health condition by staff and were always told of hospital appointments, which they were able to attend if they were available.

People were supported to maintain their general health. Nurses were on duty at the service 24 hours a day and a local GP was available to visit the home if required, although where possible people went to visit the GP at the surgery.

A physiotherapist visited the home twice each week and they told us that they had never been concerned about care at the home and that their advice was always accepted and acted upon by staff.

Is the service caring?

Our findings

People, relatives and visitors were overwhelmingly complimentary about the care provided by the staff team. People said, "The caring is great, I would say excellent", "They do a good job", and "Staff are always willing and they do try very hard." A relative said, "We have a fabulous relationship with the care staff."

There was a steady flow of visitors on the day of our inspection. Relatives and other visitors were seen to be greeted warmly by staff. People told us this was nothing out of the ordinary.

Five people invited us into their rooms to tell us their views. All rooms were personalised according to people's wishes. There were family photos, ornaments and pictures. Staff told us that people could bring their own furniture within reason, given the size of the bedrooms which were quite spacious.

Members of staff team told us about how they sought the views and wishes of people who used the service. Staff described people in caring and compassionate terms and knew the people they cared for. People's histories were known by staff, as were people's preferences in how they were cared for. We found this in conversations we had with staff and by observing how they approached and interacted with people. Care plans described people's cultural heritage as well as whether or not people chose to adhere to a religious faith. They described, and we observed, how they asked people about their preferences and explained what they were doing when providing care and support.

Throughout the day of our inspection, staff were observed talking with people in a calm and friendly manner. They demonstrated a good knowledge of people's characters and personalities. We saw that when staff were providing assistance, this was always explained and their consent for staff to support them was obtained before proceeding.

A relative told us that they were involved in their loved ones care planning and consultation was always taking place. People using the service were also consulted and told us that they were involved in planning their care and that their choices were respected.

The provider had a clear and detailed policy for acknowledging and respecting people's unique heritage and individuality, including working with lesbian, gay, bisexual and transgendered people. Staff we spoke with were clear about the expectation that they treat people with respect and dignity. Comments we received from people using the service and relatives showed that people felt that they were treated with dignity and their view of the staff team was that they were genuinely respectful towards people.

Is the service responsive?

Our findings

Almost exclusively, the people who move into the home are those who had previously lived in their own accommodation within Charterhouse, which is the charitable organisation that also runs the home. No one was placed by health or social care authorities and all were either self-funding or financially supported by the charity. We found that the service liaised with health and social care services locally whenever this was required.

People told us, "I used to live in Charterhouse and it was good that I could move here, I have become more frail and my move in was ok, I have got used to it", "They do okay, and it's great to see that the staff do so well" and "They helped me settle in very well." A visitor told us that they were pleased with the way the service cared for their relative and, "I am always being asked about my (relative's) care and we meet every three months to discuss the care plan."

People told us that they knew about activities that took place. Although some choose not to take part in everything, they did say they were invited to lots of events. One person told us that they find the volunteers that visit to help people to take part in activities and trips out are very good and really helpful. In addition to the volunteers, we were told by people using the service that care staff were also available to escort people on trips away from the service.

People's care plans demonstrated effective joint working with health and social care professionals. Staff were proactive in seeking input from professionals such as specialist healthcare professionals and dietician. Care that was given to people was responsive to their needs, and changes to care needs were identified and acted upon.

People's care plans included information about life history, cultural and religious heritage, daily activities and communication. Care plans were reviewed three monthly and updated more frequently if this was required. Care plans described people as individuals over and above common aspects of their health and social care needs.

People felt confident they could complain and all expressed trust in being able to approach the manager and other staff. People told us, "I would see the matron (registered manager) if I was concerned, I would just walk into the office to see her" and "I could just approach the matron or master (referring to the nominated individual) if concerned."

One formal complaint had been made to the home since our previous inspection and this was responded to appropriately. In terms of complaints in general, it was the experience of people either using or visiting the service that the good communication meant that rarely had anyone felt that a formal complaint was needed. Any matters raised were dealt with quickly and effectively by the service. The provider had a clear complaints and comments system which was reviewed by the registered manager and the service provider.

Is the service well-led?

Our findings

A person using the service told us, "This is the Rolls Royce of care homes", " [the service] is really top notch" and "They have a very good standard of caring." A relative told us, "I am frequently asked for my views."

Staff felt there was openness in communication between the management, the provider and the staff team. Each member of staff told us that they have no hesitation in approaching the senior staff team, registered manager or the representatives of the provider directly if they had any concerns to raise or to talk about other matters.

A number of people using the service and relatives mentioned the recent meeting between them and the management of the service. They said the meeting was useful and the relatives had suggested that a date be set there and then for the next meeting and that meetings would be held every two months. A relative told us that they had not known there had been a meeting, although we were able to verify that information had been displayed in the home that a meeting was to take place.

There was a clear management structure in place and staff were aware of their roles and responsibilities. People's views were respected as was evident from conversations that we had with people using the service, relatives and staff. Staff told us that there were regular team meetings, which we confirmed, where staff had the opportunity to discuss care at the home and other topics.

The provider had a system for monitoring the quality of care. There were systems in place to regularly gather the views of people using the service, relatives and others. Relatives who were visiting during our inspection told us that they are asked for their views and attended the quarterly "resident and relative" meetings, which was also used as an opportunity to gather feedback. We viewed the minutes of the two most recently held meetings which confirmed that the service recorded people's comments about the performance of the home.

Audits of care plans, medicines, staff training and appraisals took place as well as weekly senior management team meetings to discuss and monitor the day to day performance of the service.

Written feedback was also requested from those people who were unable to visit their relative or friend regularly and we viewed ten of these. The views expressed, either in person or by written response, were recorded and discussed at the weekly senior management team meeting held by the provider organisation. Feedback was also discussed by the trustees (known as the Governors) of the charity running the service and regular personal contact was made between them and the people using the service.

The provider did not publish feedback that was received about the service, which we suggested to the registered manager as something that may be beneficial. It was, however, evident that there were a number of checks and balances in place to ensure good governance and oversight of the service in order to maintain a high quality standard of safety and care for the people using the Queen Elizabeth II Infirmary.