Community Integrated Care

Elizabeth Road Care Home

Inspection report

45 Elizabeth Road
Huyton
Knowsley
Merseyside
L36 0TG

Tel: 01514430732
Website: www.c-i-c.co.uk

Date of inspection visit:
11 October 2018

Date of publication:
22 November 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

This inspection was carried out on 11 October 2018 and was unannounced.

Elizabeth Road care home is a care home that supports five people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual arrangement. CQC regulate both the premises and the care provided and both were looked at during this inspection. The home is purpose-built and fitted with aids and adaptations to meet the needs of the people living there. The people supported were living with complex physical health needs and learning disabilities or autism.

The home had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include, choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home has a registered manager. A registered manager is a person who is 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection, the service was rated good. At this inspection we found the service remained good. The service is rated good as it met all the requirements of the fundamental standards.

Relatives, staff and health and social care professionals all spoke positively about the staff team.

Recruitment systems at the home remained safe and sufficient staff were employed to meet the needs of people supported. All staff had completed an induction, as well as training to enable then to be effective in their role. Staff had undertaken additional training to meet the specific individual needs of the people supported. Staff received regular support and supervision for their role and told us they felt well supported.

The registered provider had safeguarding policies and procedures in place that staff were familiar with and felt confident to follow. Staff had all received training along with regular refresher updates. Staff are able to describe what abuse may look like and had all received training in this area. Staff believed any concerns they had would be promptly acted upon.

People had their needs assessed prior to moving into the home and this information was used to create individual care plans and risk assessments that included clear guidance for staff to meet people's needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process.

Staff had developed positive working relationships with people who lived at the home. We observed positive

interactions between staff and people living at the home throughout our inspection. Staff were caring and demonstrated kindness. A variety of activities were available for people to participate in.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. The registered provider had medicines policies and procedures in place. Medicine administration records (MAR) were fully completed and regularly audited for accuracy.

People were supported by staff with their food and drink needs. When people have been identified as having specific dietary needs, staff had guidance available on how to support people. Speech and language therapists and dieticians were appropriately used to ensure people's individual needs were met.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we find. We saw that the registered provider had guidance available for staff in relation to the MCA. Staff had undertaken basic training and demonstrated an understanding of this. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

Quality assurance systems were in place that were consistently completed. Where areas for development and improvement had been identified, action plans were created and completed. Accidents and incidents were analysed to identify trends and patterns within the home.

Policies and procedures were available for staff to offer them guidance within their role and employment. These were regularly reviewed and updated by the registered provider.

The registered provider had a clear complaints policy that was available and easy read and pictorial formats. Relatives told us they knew how to raise a complaint and felt confident any concerns they had would be listened to and acted upon.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Elizabeth Road Care Home

Detailed findings

Background to this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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 was a comprehensive inspection carried out by one adult social care inspector.

This inspection was unannounced on 11 October 2018.

As part of the inspection planning we reviewed the information the registered provider had given us since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified no concerns about the home.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

During the inspection we observed the care and support of the five people living at the home. People were able to give us brief comments in relation to the support they received. We also used their responses to the staff team to make a judgement on the quality of the support they received. We spoke to one nurse, two support workers and the registered manager. We also spoke with two health and social care professionals by telephone and two relatives.

We looked at two care plan files, three staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures as well as other records that related to the running of the home.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe and well cared for. Health and social care professionals told us the nurses had an excellent understanding of people's often complex needs and that these needs were fully met. One health and social care professional told us they undertook unannounced visits to the home on occasions and had never had any concerns for people's safety and had always found the care to be very good.

People's medicines were ordered, stored, administered, destroyed or returned in accordance with best practice guidelines. Controlled drugs were stored and managed safely. People that required their medicines to be prepared in a specific way had clear guidance in place for staff to follow. For example, one person required their medicines to be crushed and dissolved in water to be administered through a feeding tube into the stomach. We found that stocks were correct and medicine administration records (MARS) were fully completed. PRN 'as required' medicines care plans were in place that offered clear guidance to staff for the management of these medicines. Body maps were used to clearly show where creams were to be administered by staff. Fridge storage was available for medicines that required a cool temperature to maintain their efficiency. Room and fridge temperature checks were completed consistently to ensure the safe storage of all medicines.

Recruitment practices followed by the registered provider continued to be safe. Application forms were fully completed and included explanations for any gaps in candidates employment and references were validated. A disclosure and barring check (DBS) was in place prior to the start of employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Sufficient staff were employed to meet the needs of the people living at the home.

The home continued to have effective systems in place to safeguard people from abuse. Staff were able to demonstrate their understanding of what forms abuse can take and had all received training in this area. There was a clear reporting process in place that staff fully understood.

Risk assessments were in place where areas of risk had been identified. These documents highlighted specific areas of risk that included moving and handling, personal hygiene, falls, skin integrity, continence and cognition. Additional risk assessments were in place for people that had individual risks specific to them. For example, risks associated with epilepsy, choking or aspiration. Clear guidance was in place that included the level of intervention required by staff to mitigate the risk to each person. This meant staff provided safe care and the correct level of intervention relevant to each person.

Accident and incident records were fully completed and regularly reviewed by the registered manager to identify steps that can be taken to minimise risk. Following a near miss incident that related to a person being transferred in a hoist, a full review of the moving and handling procedures took place. A prompt decision was made to install a ceiling track hoist system within the home. Staff spoke positively about this and told us the ceiling track hoist had made a positive difference to people and staff for safer moving and

handling.

Health and safety checks were regularly and consistently undertaken and recorded at the home. These included water temperature checks and equipment checks. Fire safety checks were completed regularly and all people living at the home had a personal emergency evacuation plan (PEEP) in place that described the level of staff intervention required to support them to evacuate the building in the event of an emergency.

Staff had all completed infection control training and were able to describe the importance of following best practice guidelines. Staff used personal protective equipment (PPE) when undertaking personal care tasks to prevent the spread of infection.

Elizabeth Road Care Home was well maintained and clean.

Good

Is the service effective?

Our findings

Health and social care professionals and relatives all spoke positively about the staff team. Their comments included, "I always feel very welcome when I am visiting the home", "Care staff are knowledgeable and understand people really well" and "They have good staff retention and a lot of staff have worked at the home for a long time. I think this is really positive for people."

Staff had all completed an induction at the start of their employment. The induction met the requirements of the Skills for Care, care certificate which is a nationally recognised qualification. Staff completed shadow shifts to gain a good understanding of people's individual needs. Mandatory training had been completed and regular refresher training updates took place in accordance with the organisations policies. Staff told us the training was good and they were encouraged to ask for additional training.

Staff had undertaken additional training that included epilepsy awareness, dysphagia, non-verbal communication, autism awareness and dementia care. Staff told us they believed they received sufficient training to meet the needs of the people supported.

People were supported to eat and drink in accordance with their assessed needs. Staff demonstrated an excellent understanding of people's individual dietary requirements, preferences and choices. Menus were available in easy read and pictorial formats. Breakfast of people's choice was prepared as people started their day, a light lunch was served and an evening meal. People had snacks and drinks available at all times.

The home worked closely with speech and language therapists or dieticians where concerns had been identified around weight loss or swallowing. Detailed mealtime guidelines were in place for people that were at high risk of choking or aspiration. The guidance described the required seating position and guidelines on how to support people after they had eaten. It also described the required consistency of people's pureed food and thickened drinks. This meant People's food and drink needs were met safely by staff that had the appropriate guidance for them to follow.

People were supported by staff to maintain their health and well-being with the support of a wide range of the community healthcare services. The registered provider worked closely with local GPs, district nurses, physiotherapists and occupational therapists. Each person had a fully completed hospital passport in place that included clear guidance about each person to help medical staff understand them.

Staff undertook regular checks of people throughout the day and night. These included repositioning of the people supported in bed, well-being checks while people were in their bedrooms and nutrition and hydration charts. People were consistently checked in accordance with their care plan requirements.

Staff told us they were fully supported by the management team. Records showed they received regular supervision by the nurses that led each shift.

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation we reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

Good

Is the service caring?

Our findings

Health and Social care professionals and relatives all spoke positively about the nurses and staff at the home. Their comments included, "Staff are amazing", "Staff are very person centred and are people focused" and "Staff are very kind, caring, patient and approachable."

Staff were observed to be kind and caring throughout our inspection visit. People were relaxed and comfortable with the staff team and a positive friendly rapport had been established. Staff interacted with singing and there was lots of laughter as while as smiles from people throughout the day.

Staff demonstrated a good understanding of the people they supported who were living at the home. We observed staff demonstrating kindness in their approach to people. Staff were knowledgeable about people's histories, likes, dislikes and had positive interactions with them.

People's care plans included information about their specific communication needs. There were detailed descriptions of expressions used by people, what they meant along with how staff could respond. There was information about any sensory loss people may have along with clear guidance for staff to follow in how to communicate with them. One person required their hearing aids to be put in place each day to ensure they could hear what staff were saying.

We saw that people were offered choices and examples included; where they would like to sit, if they would like a snack, where they would like to eat their meal and what activities they wished to participate in. Some people that were unable to use words to tell staff their specific needs and choices. When this was the case staff read people's facial expressions or actions to ensure their choices were met. For example, one person pushed their drink away and staff offered them an alternative which they then appeared to enjoy.

Staff told us they provided the minimal amount of support needed with personal care to promote independence.

We saw that staff treated people with respect and promoted their dignity at all times. Staff sensitively supported a person with their personal care needs to ensure their dignity was protected. Staff consistently explained to people what task they were going and sought consent before they commenced it and did not rush people.

People's records were stored securely in a locked office to maintain confidentiality. Daily records and other important documentation were completed in privacy to protect people's personal information.

Good

Is the service responsive?

Our findings

Health and social care professionals told us that staff were responsive to suggestions for improvements or changes to people's care plans. They stated they were invited to reviews and their views were welcomed. Comments also included, "The home is very relaxed with a lovely atmosphere", "People respond positively to the therapies made available to them every week" and "People have activities available and regularly access the community."

During our visit people engaged in activities of their choice. We saw a framed photograph collection on display within the home that had photographs of people enjoying activities that included holidays, fancy dress and cooking. Activities undertaken regularly included singing, nail painting, hydrotherapy swimming, attending a local disco, cinema visits, walks and shopping.

People had their individual needs assessed prior to them moving into the home. Information gained through the assessment was used to develop the care plans and risk assessments that formed each person's care plan file. People's needs in relation to equality and diversity were considered throughout the assessment process and were included within their care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were very detailed and specific to each individual person. They held sufficient detail and guidance for staff to follow to fully understand and meet each person's individual needs and preferences. All care plans and risk assessments were reviewed regularly by staff and updated as and when any changes occurred. Six monthly reviews were undertaken and included relatives and health and social care professionals in the process.

Each person had a one-page profile that included the following headings; What's important to me? How best to support me? What people like and admire about me? and My support team preferences. These documents included key information such as the need to wear glasses and hearing aids, the necessity of following speech and language guidelines for food and drink, the importance of staff speaking quietly and maintaining a quiet and calm environment.

Daily records were completed by staff and included information about how the person spent their day, personal care, continence, activities, medicines and diet. Observational charts that were used to monitor people's safety when they were in their own rooms were consistently completed. Food and fluid charts and other records required to help ensure individual assessed needs were met.

The registered provider had a clear complaint policy and procedure in place that was also available in easy read and pictorial format. One relative told us they had raised a complaint and it had been investigated. We reviewed the records of this and the registered provider's procedure had been followed.

Good

Is the service well-led?

Our findings

The registered manager had been registered with the Care Quality Commission since December 2017. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were in place to assess and monitor all areas of the service. These included care plans, medication, environment, finances, well-being, MCA/DoLS and events and incidents. Where areas for development and improvement were identified, action plans were prepared with target dates which were signed off when completed.

The registered provider had regular oversight of the home and undertook organisational audits. The registered manager completed a monthly clinical governance audit that included bed rails, infections, hospital admissions as well as accidents and incidents. Areas for further development and improvement were identified and actioned.

Staff meetings were held regularly and staff reflected positively on these. Staff attended handovers at the commencement of every shift to ensure they received up-to-date information about the people they supported. A written record was completed for each of these meetings.

Staff described being a very close team and referred to the home as a 'lovely little community'. They said they were very settled staff team and had a low staff turnover. Records confirmed this. Staff told us the registered manager was approachable and they felt confident to raise any concerns they had. They told us their ideas and suggestions were encouraged and welcomed.

The registered provider had a comprehensive range of policies and procedures that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment. Policies that related to the people supported were available and were available in easy read and pictorial formats.

The registered manager and staff team had developed positive working relationships with local organisations within their community. Students from a local university undertook placements at the home. The students worked alongside the staff team to develop an understanding of people's individual needs and enhance their skills.

The registered provider had displayed their ratings from the previous inspection on the website and within the home in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.