

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

Inspection report

Master's Lodge
17 Charterhouse Square
London
EC1M 6AH

Tel: 02072539521
Website: www.thecharterhouse.org

Date of inspection visit:
22 June 2022
29 June 2022

Date of publication:
03 August 2022

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

Summary of findings

Overall summary

About the service

The Queen Elizabeth II infirmary provides residential care to a maximum of 11 people. Accommodation is provided in single rooms, with shared living and dining facilities. The service currently has eight people in residence.

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

People were protected from the risk of harm from preventable risks. Risks to people's health and wellbeing had been assessed and reviewed. Support that people needed to eat and drink was provided in a safe way. The environment was safe and clean. The service continued to follow safe infection prevention and control measures to ensure people were protected from risks of COVID-19. Visiting was allowed to people at the home and the registered manager explained how this was planned with people's families.

Rating at last inspection and update

The last rating for this service was Good (Published on 25/01/2019).

Why we inspected

This was a targeted inspection that considered areas of safe and effective due to concerns received about pressure area care and awareness of procedures to raise safeguarding concerns. Based on our inspection of these areas we found that the service was taking steps to learn from improvements required to ensure people remained safe and that care was effectively delivered.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Further information is in the detailed findings below.

Inspected but not rated

Is the service effective?

Further information is in the detailed findings below.

Inspected but not rated

Queen Elizabeth II Infirmary

Detailed findings

Background to this inspection

The inspection

We carried out this targeted inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by a single inspector.

People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider has sent to us, such as notifications and outcome of safeguarding enquiries, which the provider is required to submit if particular events occur.

During the inspection-

We had a conversation with one person using the service and a relative of another person. We also spoke with three care staff, the registered manager and the nominated individual.

We looked at a sample of risk assessments and care plans for three people around potential risks they faced from developing pressure ulcers. We also looked at four medicines records.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good, we have not changed this rating as a result of this inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of abuse were and acted to minimise any untoward event.
- A person using the service told us "Staff treat me well and they know me and are very sympathetic."
- We looked at information the provider showed us of records of complaints and incidents. Any concern that had been raised had been reported as required to the local authority and CQC and had been responded to appropriately.

Preventing and controlling

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits to people living at the home.

Assessing risk, safety monitoring and management

- The service assessed the potential risks that people faced and responded to risks that were identified and that emerged as people's needs changed.
- We focused on risk assessments specifically related to people who may face a risk of developing pressure ulcers and how they were supported to minimise that risk. A question had been raised by a local authority about whether there was suitable action being taken to recognise and respond to this risk.

- We found that the service liaised with specialist healthcare colleagues to obtain the most appropriate advice to ensure risks that some people faced from the potential of developing pressure ulcers were known about and action was taken. For example, there had recently been clarification required about a person's that had an injury from a surgical procedure and that this had not been the result of a pressure area.

Using medicines safely

- The provider had effective monitoring and auditing systems in place to ensure that medicines were administered safely. We looked at a sample of four people's medicines records for the last three months. These records clearly showed what medicines each person had taken, when and if any medicine had been refused this was recorded and the reason why was explored.
- We looked at the medicines policy which was unchanged since our previous inspection.

Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. We looked at verification of six staff identity and criminal records (DBS) checks and found that the correct procedures had been followed to promote the safety of people using the service, including legal right to work in the UK, by preventing them from being cared for by unsuitable staff.

Learning lessons when things go wrong

- The provider had taken steps to remedy any identified shortfalls at the service and learning from improvements that were identified around pressure ulcer care and updated training about procedures for responding to safeguarding concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good, we have not changed this rating as a result of this inspection.

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

- Assessments of people's needs had been carried out before they started to receive care and support from the service.
- A relative told us, "I have friends who have relatives in care homes and know that the staff here are excellent."
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well their heritage, religion and chosen lifestyle.

Staff support: induction, training, skills and experience

- All care staff we spoke with told us they had received an induction. The care staff induction included working towards the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Members of staff told us "My induction was really thorough" and "We are very well supported, I love that about working here. *"
- A staff supervision programme was in place and staff were able to tell us who supervised them and how regularly this took place. Each also told us they found their regular, monthly, supervision and team meetings supportive in enabled them to effectively carry out their caring role.

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

- People were supported by staff to eat and drink if they needed help although this was only infrequently required for most people.
- A relative told us, "[Relative] can't go over to the dining hall but the food that is sent from the kitchen couldn't be better."
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that staff liaised with other professionals to ensure that people's needs were met.
- People's care plans included information about other health and social care professionals involved with their support. We found that information about any potential changes to people's care needs was also quickly raised with relevant colleagues.
- Care staff were provided with guidance by the provider to ensure that people's needs were met in liaison

with families and healthcare professionals as required.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with a GP and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.