

GMA Healthcare Ltd

Elizabeth House

Inspection report

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14 March 2018

15 March 2018

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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

We attempted to carry out an unannounced inspection on 12 February 2018. We were unable to enter the premises due to an outbreak of an infectious illness. We returned to carry out a comprehensive inspection on 14 March 2018 which was unannounced. This meant the provider; staff and people using the service did not know we would be visiting. We returned for a second day of inspection on 15 March 2018 which was announced.

Elizabeth House is a large, purpose built detached building set within its own grounds. It provides personal care for older people. It is registered to provide care to a maximum of 34 people. At the time of our inspection 31 people used the service.

Elizabeth House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager. 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.

At the last inspection in June 2016 we rated the service 'Good.' At this inspection we found the evidence continued to support the rating of 'Good'. There was no evidence or information from our inspection or on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff followed policies and procedures to protect people from harm and abuse. Systems were in place to make sure lessons were learned when incidents took place. Risk assessments and guidance were in place to minimise the risk of harm to people. Safe recruitment procedures were in place and there were sufficient staff on duty. Medicines were administered safely and infection prevention and control was well managed.

Staff received the training they need to be able to carry out their roles and had regular supervision and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, further work was needed to ensure decision specific mental capacity assessments and best interest's decisions were recorded when people lacked capacity to make their own decisions.

People told us they enjoyed their meals and had a choice of food. People's weight was monitored so any issues could be addressed and food was nutritious. Health and social care professionals were involved in people's care where needed.

People were supported by staff who knew them well. Care was delivered in way that responded to people's needs and preferences. Plans of care were drafted following assessment of people's needs and these were reviewed regularly. Privacy, dignity and independence were consistently promoted. The policies and practices of the home helped to ensure that everyone was treated equally.

People had access to a wide range of activities and leisure opportunities and were encouraged to maintain personal relationships.

The environment and equipment had been regularly maintained. Emergency contingency plans were in place.

People were aware of how make a complaint. The management team completed regular audits and sought feedback to monitor and improve quality. Staff and people using the service were involved in decisions about how the service was run through regular meetings. The service worked closely with a range of health and social care professionals. Staff told us they felt supported by the management team and provider.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Elizabeth House

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 12 February, 14 March and 15 March 2018. The first two visits were unannounced which meant that staff and the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the provider and the service including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. To gather their views of the care provided by Elizabeth House we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

During the inspection we spoke with eight people who used the service and three relatives of people using the service.

During the inspection we carried out observations of practice. We reviewed the care records of five people who used the service and five people's medication records. We also reviewed a range of other records, including a variety of policies and procedures, quality monitoring systems, complaints and the records of four staff members which included recruitment, supervision and training records.

We spoke with nine members of staff, including the registered manager, the deputy manager, four care staff, an activities co-ordinator, the maintenance staff member and the chef. We also spoke to the registered provider.

Is the service safe?

Our findings

People told us they felt safe living at Elizabeth House. One person told us, "I definitely feel safe here, there is always someone around." Staff understood how to keep people safe including the procedures they needed to follow if an allegation of abuse was made.

Risk assessments were carried out to enable people to retain their independence whilst minimising risk to themselves and others. Equipment to help people transfer their position was used in a safe way. Regular checks of the building had been carried out and up to date certificates were in place. We saw that the provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents. The provider had shared details of adverse incidents and lessons learnt with the staff team to reduce the risk of reoccurrence.

The service was clean and generally well maintained. The service had followed the correct procedures for managing a recent outbreak of an infectious illness.

Safe recruitment procedures had been followed and there were enough staff on duty at all times.

Systems were in place to manage people's medicines safely. We asked the registered manager to review transdermal patch application records because they did not state the area of the body where the patch was placed onto the person's skin. This is important to prevent skin damage. The registered manager confirmed they had done this following inspection.

Is the service effective?

Our findings

People told us they were supported by staff who knew their likes, dislikes and preferences. One person told us, "She's [staff member] nice, this lady [staff member] who knows me well." A detailed assessment of peoples' support needs was gathered before they moved into the service and covered areas such as mobility, nutrition, medication, pain, communication and continence care.

Staff received a range of mandatory training in areas such as moving and handling, infection control, and health and safety. New staff had an induction which included the shadowing of experienced staff. Staff were supported through regular supervision and annual appraisals.

The provider had appointed various staff 'champions' in areas of interest including health and safety, nutrition and respect and dignity. This enabled them to share national best practice with the team.

People were supported to maintain a balanced diet which reflected their diverse needs. We asked people about meals, snacks and drinks and the responses were positive. One person commented, "The food is lovely [I have] no complaints at all." Weight monitoring was in place and people's nutritional health was regularly monitored.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Records showed the provider was following the requirements of the Act in regards to DoLS. Best interest decisions had not always been recorded. We identified that staff understood the MCA and we observed staff asking for consent from people before any assistance was given. Our judgement was that staff were acting in people's best interest and consulting with them, but the required documentation had not always been completed. This has not impacted upon people's quality of life.

Records showed that people's healthcare needs were met. Care plans showed referrals to healthcare professionals had been made when required.

We found the premises were well maintained and decorated. The environment was suitable for people living with dementia and people who used mobility aids. Large print information was available for people with visual impairments.

Is the service caring?

Our findings

We observed staff providing support in a discreet, caring manner. Staff showed respect for people at all times and ensured their dignity and privacy was maintained. One person told us, "I am very well looked after. It is a lovely place and the staff are really nice." One relative told us, "The staff respect my [relative's] dignity. When I am here, they [staff] always knock on the door first." People told us their dignity and respect was maintained at all times. We observed staff talking to people and chatting to them calmly and reassuringly in a kind and friendly manner. Staff spent time with people in communal areas. We observed meaningful relationships between people and staff.

Staff supported people to be as independent as far as they were able. People were able to move freely around the home, staff monitored people who used walking aids, but enabled them to be as independent as possible

People's equality and diversity was respected. Staff had completed training in equality, diversity and human rights and the provider had an equality and diversity policy in place. An area was available for people wanting to have privacy when following their religious practices.

Care plans included life histories and provided staff with guidance about the best met way to support people. People were involved in decisions about the care and support they received. Staff supported people to maintain contact with their family and friends. Visitors told us they were made welcome. One person told us, "I have my family visiting all the time."

No one at the service was using an advocate at the time of our visit. Advocates help to ensure that people's views and preferences are heard. Information about advocacy services was on display within the service.

Is the service responsive?

Our findings

People and relatives told us that they had been involved in how they wanted to be cared for. One person said, "Yes, I was involved with everything. When I first came here I was asked what I like and what I don't like and what do I like to do during the day." Staff knew people well. We observed care being delivered in a person centred way which reflected people's care plans. People's care plans had been regularly reviewed.

People were able to follow their own hobbies and interests as well as taking part in group activities. A wide range of activities had taken place at the service, this included crafts, cream teas, horse racing sessions and pet therapy. During inspection we observed an entertainer engaging people in reminiscence about the royal family and a singsong. The home also had a cinema room and computers for people to access the internet.

A 'dementia friend' volunteer worked within the service to organise topical activities for people and had helped to establish good links with the local community. Some people visited 'Muslims against Diversity' which is a local restaurant providing conversation about Muslim culture; people were also invited to eat a meal with the group. People were able to access church services each week if they wished.

A complaints policy and procedure was in place. The service had a low level of complaints. Records showed that complaints had been fully investigated with an outcome to meet the complainant's satisfaction.

People's wishes for their end of life care had been recorded in their care plan. Policies and procedures were in place to support people with discharge and for end of life care. We saw that advanced decisions were recorded. At the time of our visit there was no one was receiving end of life care, however the home had processes in place to undertake this when needed and followed best practice as set out in the 'Gold Standards Framework' (GSF). The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives.

Is the service well-led?

Our findings

People, their relatives, friends and staff spoke highly about the management team. One person told us, "I know the [registered] manager, she is very approachable." A relative told us, "Yes, I know who the [registered] manager is, I see her around all the time. I get on really well with her."

Staff spoke positively about the culture and values of the service. Staff told us that the provider and the registered manager were a visible presence in the home. One staff member told us, "You get a lot of support." Another member of staff told us that they "Couldn't think of any areas which could be improved." All of the staff we spoke to told us that the providers of the service were supportive of training and actively encourage development.

Records showed that the provider and the registered manager monitored the quality of the service and made improvements in accordance with people's needs. Staff meetings were held regularly. Records showed that staff were able to contribute their views at these meetings.

Feedback was sought from people and their relatives through an annual survey and at regular meetings. Feedback was analysed and used to inform the provider's service development plans. This enabled people to be involved in decisions about how the service was run.

Details of adverse events were shared with staff. This supported the staff team to focus on lessons learned. The provider was developing a range of projects to improve the quality of care provision.

The service worked with other health and social care agencies to meet people's needs. Good links were maintained with the local community, including charity work and fund raising events.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.