Community Integrated Care

Elizabeth Road Care Home

Inspection report

45 Elizabeth Road
Huyton
Knowsley
Merseyside
L36 0TG

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19 January 2016

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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 inspection took place on 18 and 19 January 2016 and was unannounced. At our previous inspection in June 2014 we found that the provider was meeting the regulations in relation to the outcomes we inspected.

Elizabeth Road is registered to provide accommodation with nursing and personal care to five adults. It is a purpose built care home which is fully accessible and fitted with aids and adaptations. Elizabeth Road is registered as a location under the registration of the provider Community Integrated Care. This is a registered charity which provides social care to people with a range of needs. The property is situated in a residential area of Huyton, Merseyside.

The home has 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.

The manager was available for part of the inspection and engaged positively with the inspection process. The manager was friendly and approachable; she operated an open door policy for people using the service, staff and visitors.

We found that care was provided by a long term staff group in an environment which was friendly and homely.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met.

The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort. Everyone in the service looked relaxed and comfortable with each other and with all of the staff.

Staff members had developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

Staff knew about the need to safeguard people and were provided with the right information they needed to do this. They knew what to do if they had a concern. There were sufficient staff to meet the needs of the people who lived in the home.

The home was well-decorated and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished.

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.

There was sufficient and suitably qualified staff to meet the needs of the people living at the home.

Risks to people's health and wellbeing were assessed, managed and reviewed.

The provider used safe recruitment practices.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and appraisals of their performance.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink, they were provided with support where necessary.

People had access to health care professionals to ensure they received effective care and treatment.

Is the service caring?

Good

The service was caring

People told us that the staff were kind and caring. We observed that staff treated people in a compassionate manner.

People were treated with dignity and respect.

Staff respected people's wishes and preferences and people

were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

There was a complaints system in place and people felt able to raise any concerns with staff.

People were supported to engage in a range of activities that met their needs and reflected their interests.

Is the service well-led?

Good

The service was well-led.

People knew the manager and said she had an open door policy so that people could talk to her at any time.

The manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care and changes were made in response.

The home had effective quality assurance systems in place to monitor and make any improvements.

Elizabeth Road Care Home

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.

The inspection was unannounced and took place on 18 and 19 January 2016.

The inspection was undertaken by one adult social care inspector.

As part of our inspection planning we reviewed the information that we held about the home including statutory notifications received from the provider, these statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we contacted the local authority contract monitoring team to gather further information. We also asked the provider to complete a Provider Information Return (PIR). 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. We used this information to help to plan our inspection.

At the time of our visit there were four people living in Elizabeth Road. However one person had recently been admitted to hospital. We spent time with three people who used the service all who appeared relaxed and comfortable within their home environment. People were not always able to communicate verbally with us because of their complex needs. However they expressed themselves in other ways such as by gesture or expression. We talked with three staff members as well as the registered manager and deputy manager. The regional manager also visited the home during our inspection and provided us with useful information in respect of changes to current policies and procedures used by the service.

We also spoke with three relatives, one face to face and two by telephone.

We looked at records including three care files as well as two staff files and audit reports.

We looked around the building and facilities and by invitation, looked in some people's bedrooms.

Good

Is the service safe?

Our findings

Relatives of people who used the service told us that they were completely satisfied that their family members were well looked after and kept safe. Comments included, "I cannot fault them, they are always aware of people's safety and well -being" and "I never worry about (relative) I know he is safe and staff are always on hand to make sure he is".

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistle blowing procedure in place and staff understood the term whistle blowing and tod us how they would use it if they needed to raise any concerns.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and had taken appropriate actions to address concerns therefore minimising further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the Care Quality Commission and advice was sought from health care professionals when required.

Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising assessed risk. We saw that risk assessments were detailed and responsive to individual needs, for example one person was at risk of injuring themselves by their own actions. There was a detailed risk assessment contained within their care plan which directed staff in how best to support the person and how they should be safely transported when venturing out. Another care plan contained epilepsy risk assessments, seizure chart to monitor the frequency and intensity of seizures and an epilepsy care plan which informed staff on the signs to look for is a seizure occurred, the recovery period and directed staff on the actions to take in an emergency.

During our inspection we observed that there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. Relatives of people who lived in the home told us that staff were always visible and all care was carried out in a safe and efficient way. One staff member said, "We have a very low turnover of staff, we are a good small team and we work well together". Another staff member said, "I love working here. All the staff have the best interest of the people who live here at heart. We work together to keep them safe and happy". Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were able to supervise and support people when venturing out and when participating in activities. The registered manager told us that staffing levels were managed according to people's needs and when people needed extra support for arranged home visits or events, additional staff cover was sought. We noted that a person who lived at Elizabeth Road was in hospital at the time of our visit and we saw that an extra staff member had been utilised to visit them in hospital.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before

staff started work so that people were cared for by people who were suitable for their role. Staff told us that pre-employment checks were carried out before they started work and records looked at confirmed checks were conducted such as employment references, fitness to work, proof of identity and criminal records checks.

Medicines were stored and handled safely. We observed part of a lunch time medicine round and noted suitable hygiene practices. The nurse encouraged people to take their medicines and recorded the outcome on the medicine administration record (MAR) sheet. MAR sheets contained signatures of the staff to show they had read and observed the homes policy for safe handling and administration of medicines. There was a summary handover medication checking sheet which was signed by the nurse in charge at the end of each round. We checked three people's MAR sheets. They contained the person's name, photograph, date of birth and if they preferred to administer their own medicines. Records were accurate and up to date. "As required" medicines were recorded with the time, the nurses signature and the reason for giving. There were separate charts for prescribed creams and ointments. Information was included about allergies and how to recognise if people were in pain.

Suitable arrangements were in place for storing medicines, including those that needed to be kept below room temperature. Staff checked and recorded the refrigerator temperature and the surrounding temperature where the medicines trolleys were kept. This made sure medicines were kept according to the manufacturer's instructions. Medicines were locked in the clinic room when not in use.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. We saw staff using disposable aprons and gloves as appropriate.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required to evacuate the home in the event of fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Records we looked at showed that staff had received up to date fire training.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances and water legionella tests were also undertaken. The home environment was clean and free from odours. However we noted that in the kitchen area staff were unable to fully close the kitchen unit doors and noted that the overall area would benefit from refurbishment. The regional manager told us that this had already been noted and action plans had been put in place to upgrade the kitchen area to ensure it was safe and fully functional. We saw the action plans during our visit.

We saw that equipment was in use around the building to ensure that people remained safe. For example, we saw that when required, monitoring alert equipment was used. For example, the equipment would alert the staff team in the event of a person having a seizure whilst they were in bed.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and knowledge to meet their needs. Relatives of people who lived in the home told us, "The staff here really understand his needs", "Staff are very good and fully understand how to look after her" and "I could not ask for better. All the staff have a good knowledge of her needs and how to provide her with a good life quality".
A new member of staff told us that they had an induction into the home which covered all areas of mandatory training including medicines management.

Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis. Staff told us that they felt well supported through supervision and daily discussions and felt able to discuss anything whatsoever with the registered manager or her deputy. One staff member told us, "The atmosphere here is one in which we can speak our mind without fear of reprisal. I know I can speak freely and know I will be listened to and, if necessary, supported".

Staff received appropriate training that enabled them to fulfil their roles effectively. Training records showed that staff received training appropriate to the needs of the people using the service. Staff told us that apart from the provider's mandatory training, specialist training was also provided such as epilepsy, food allergies and people focused care. Staff generally demonstrated good knowledge on topics such as the mental capacity act and deprivation of liberty safeguards, manual handling, first aid, safeguarding and fire safety. Staff told us they were also supported to undertake recognised accreditations such as National Vocational Qualifications (NVQ) in health and social care.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The people who lived in the home required some support to make decisions and all four had been referred to the local authority to be assessed as to their capacity to consent to their care and support. To date one person had been assessed as being subject to a DoLS. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation but one staff member did not know what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety. The registered manager said she would access further training for staff.

The registered manager was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's

life.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People's relatives told us that the food provision was varied and gave people choices. Comments included, "We know the food is what he wants he is able to choose his meals" and "The care plan details what meals she likes and staff make sure all the meals are what she wants. No problem with the food at all".

People had health care plans in place which monitored any risk relating to people's physical health. Health care plans contained guidance for staff on people's diet and nutrition which included monthly weight charts and any dietary requirements such as sugar free foods and special diets form people who were lactose intolerant or diabetic. People's care plans and records demonstrated the home worked closely with dieticians and speech and language therapists to ensure people received the appropriate care and support. People were supported to maintain their physical and mental health and had access to health and social care professionals when required. Records showed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.

The property had been adapted and had level access at both the front and rear of the property. We saw that all rooms were fully accessible to people who used wheelchairs. A large accessible garden was to the rear of the home with a patio area and a gazebo for people to sit. An assisted bathroom and shower room were available for use for people who used the service.

Good

Is the service caring?

Our findings

Relatives of people who used the service told us that the staff were very kind and caring. Comments included, "She (person who used the service) is always happy, always nice and clean and always enjoying herself", "The staff really do care about these people, they treat them as family" and "The staff encourage us to visit, always make us feel welcome no matter when we call".

Throughout our visit we saw that staff delivered support and communicated with people who used the service in a gentle manner that promoted their dignity. A relative of one person told us that people who used the service were "Treated with dignity. They always ask me to leave the room if they are delivering care".

Records showed that staff attended dignity and values training which was delivered by the provider. Staff told us that this training made them reflect on their practice and ensure they treated each person as an individual.

Interactions we observed between staff and people who used the service were positive and indicated that staff had developed good relationships with people. During our inspection we saw staff treated people in a respectful and dignified manner. The atmosphere in the home was calm and friendly and staff took their time to sit with people and support them with their personal care and general daily living tasks. Staff understood and respected people's choice for privacy to spend time in their rooms. We observed staff sitting with people engaged in meaningful verbal and non- verbal conversations and planning what people were going to do for the day. We saw that people were treated with kindness. Staff explained what they were doing, and why, for instance when using a hoist to help a person move. One person presented as being unhappy and unsettled. We saw staff sitting with the person providing information and reassurance and noted that the person responded in a positive way. Staff called people by their preferred names and had time for a chat or a joke with them whilst proving them with support. Staff made eye contact with people by getting down to the persons level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations. We saw that people were able to do things at their own pace

Staff told us that care plans held guidance about how best to communicate with people including how people preferred to be addressed. We observed that staff were familiar with people who used the service and knew how best to support them. We saw that staff promoted people's privacy and dignity. We saw that they knocked on peoples doors before entering and ensured doors were fully closed when they were assisting people with their personal care. We saw that people's care records and other information was kept in a locked cabinet.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were kept informed of all need to know information and involved in making decision about any changing needs. People were also notified about any significant events or visits from health and social care professionals.

People who used the service and their families were provided with appropriate information in various formats about what they could expect from the service. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Good

Is the service responsive?

Our findings

Relatives of people who used the service told us that people received care and treatment in accordance with their identified needs and wishes. Comments included, "I cannot thank them enough for the way they have responded to his needs. They have enhanced his life" and "Staff know her needs and her favourite things and make sure she enjoys activities and interests to keep her stimulated and happy".

The registered manager told us that all plans were person centred. She said that information gathered before admission to the home from the person, their family and any other professionals who were involved with the persons care would be recorded in a care plan prior to admission. She said that this information was added to following admission to include likes and dislikes, hobbies, interests and their wishes for their future care. She told us that detailed assessments of people's needs ensured that the staff and services provided could meet their needs safely and appropriately.

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans covered areas such as the person's general health, medicines and medical care, mobility and mental health. These were reviewed every month. There was also a monthly clinical governance audit which reviewed areas such as people who had lost significant weight, pressure ulcers, bed rails, people admitted to hospital, incidents accidents and complaints. Care plans were reviewed with the person and the person's family and other health and care professionals who may be involved with their care as and when required. Records showed that during a review a specialised chair was identified as being needed to enable a person living in the home to be as comfortable as possible and a medication review was identified as being needed due to epileptic seizure activity increase.

We saw that people's care and treatment were changed in line with their changing needs. We saw that staff had amended the care plans and other records as appropriate to ensure care was responsive to need.

Whist we were able to find all relevant information within the care files we noted they were bulky, heavy and held lots of repetitive information and some documentation which was no longer in date. We spoke with the regional manager and the registered manager about this. They told us that the care plan documentation was in the process of change and they provided copies of the new format and of how the information would be recorded in a personalised, individual, outcome based format.

Daily records were written by the staff about day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

People were supported to engage in a range of activities that met their needs and reflected their interests.

The home had access to transport which enabled people to venture out into the community. People had individual activity programmes which detailed weekly activities.

We saw that one person was being taken out for a visit to see his mother; another person was being taken shopping in readiness for a forthcoming birthday party being held within the home. We saw records that showed that the people who lived in the home enjoyed daily activities such as swimming, going out for meals, going to the park or the cinema. Staff told us that 'the people who lived at Elizabeth Road were at the heart of the service and they were living a life they had chosen'.

Relatives of the people who used the service told us they knew who to speak with if they had any concerns. They told us that the staff were very approachable and they spoke with them when they visited. They said this enabled them to discuss any issues or areas of concern 'anytime'. There was a complaints policy in place which was on display in the home and people told us they had been provided with a copy at the commencement of the placement. The complaints policy was clear and detailed the process involved if any person wished to complain. Records showed that no complaints had been made about the service in the past year.

Good

Is the service well-led?

Our findings

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. We saw there was a clear management structure at Elizabeth Road and also externally for the registered Community Integrated Care (CIC).

The registered manager had worked at the home for over 12 years having commenced her employment as a registered learning disability nurse and being appointed as registered manager in 2013. Staff told us that the registered manager was most supportive and led by example. They said the atmosphere was always calm and the service was very well managed.

During discussions The registered manager demonstrated that she was knowledgeable about the requirements of being a registered manager and her responsibilities with regard to the health and Social Care Act 2014.

Records of meetings showed that people who lived at Elizabeth were welcome to attend staff meetings which were held each month.

Records also showed that the registered manager attended meetings approximately every two months with managers from other CIC services to share information about current practices and trends.

We saw that the registered manager completed monthly reports relating to clinical governance, budget reports and service leader reports. Records showed that the nurse on duty completed weekly medication audits and financial checks in respect of the financial transactions for the people who used the service.

We were provided with documentation which showed that the provider had recently implemented a service quality assessment tool (SQAT) which monitored categories such as support planning, risk assessment, communication, decision making, quality management, leadership, complaints and staffing. The regional manager told us that this tool was designed to monitor all service provision and also to identify any examples of best practice.

The provider took account of the views of people who used the service and their relatives and other people who may be involved with their care. All feedback provided was positive about the staff and the services provided.

Feedback from discussions with the relatives of people who lived at Elizabeth Road was most positive about the culture and transparency of the service.