

Elizabeth House Newquay Limited

# Elizabeth House Newquay Limited

## 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

### About the service

Elizabeth House Newquay is a domiciliary service providing personal care for people in their own homes. At the time of this inspection the service was supporting one person with the regulated activity for personal care.

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

Staff were caring and compassionate.

The service provided person centred care and support. A family member told us, ""They are really good. We plan a month in advance how we want to use our hours. They are very accommodating. We have a consistent team of staff and we meet any new staff before they come to us alone."

The registered manager had a good understanding of equality issues and the person's individual preferences.

Staff understood their roles and responsibilities in relation to ensuring the person's safety. Staff were happy and motivated to provide the best care and support they could. They told us, ""I love my job" and "I was recommended to join this organisation. The manager is such a good ambassador for the service" and "I really enjoy it."

Risks were identified, assessed and monitored and reviewed appropriately.

The person was supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person's care plan was accurate and provided staff with clear and detailed guidance to enable them to meet their needs in a person-centred way.

The person received their medicines as prescribed from staff who had received appropriate training.

Staff were recruited safely and there were sufficient staff to meet the person's needs. One told us, "I have completed all my induction, done loads of training then I shadowed experienced staff, now I work on my own. I really enjoy it."

Staff received appropriate training. Staff had the necessary knowledge and skills to meet the person's needs.

The person was supported to access healthcare services when necessary.

There was a clear management structure and people were clear about their roles and responsibilities.

The registered manager had robust and effective oversight of all aspects of the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 25/01/2019 and this is the first inspection.

Why we inspected

This was the first planned inspection of this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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  
Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective  
Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring  
Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive  
Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well led  
Details are in our well led findings below

# Elizabeth House Newquay Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides assistance with all aspects of independent living and personal care to people who live in supported living settings and their own homes.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the service to send us a range of records prior to the office visit. These included details of staff recruitment, training and support, policies and procedures, audits, care plan and risk assessments and details of how the service is monitored and reviewed.

We spoke with four staff and a family member of the person who used the service. The person who used the service was not easily able to respond in detail to specific questions.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager. We reviewed further information about the running of the service, such as staff training and support, survey responses and compliments received.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and processes in place and staff knew how to protect people from the risk of harm or abuse.
- Staff had received training in safeguarding and understood their roles and responsibilities in relation to ensuring the person's safety. Staff were confident any concerns raised would be addressed appropriately.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. The assessments contained direction and guidance for staff on how to protect the person from known risks and reduce the risk of avoidable harm. For example, how staff should support the person when using stairs.
- Care plans included clear guidance for staff on how to support the person safely.
- Staff had received appropriate fire training and knew how to support the person in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet the person's needs.
- Staff were recruited safely using a robust process that included interviews, disclosure and barring service (DBS) checks, employment history and references to check whether potential staff were safe to work with the person.
- New staff were provided with an induction, training and the opportunity to shadow experienced staff. New staff were introduced to the person prior to providing support for them.

Using medicines safely

- Medicines Administration Records (MARs) were used to direct staff when and how to provide prescribed medicines for the person.
- Staff received training on how to administer medicines safely.
- Regular competency checks were carried out to ensure ongoing safe practice.
- When people required medicines on an occasional basis (PRN) there was clear guidance and records for the staff to follow. These records were regularly audited for accuracy.
- There were systems in place for the safe storage, ordering, administering, and disposal of medicines.

Preventing and controlling infection

- Staff were provided with training on infection control. An additional Covid-19 training programme had

also been provided for staff.

- Staff told us they had good access to Personal Protective Equipment (PPE) and were aware how to use it and dispose of it safely.
- The service held appropriate infection control policies and procedures, which had been reviewed to include Covid-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Lessons had been learnt following an event, which led to the service seeking the advice of an external healthcare professional to help reduce any re-occurrence in the future.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The person had their needs assessed prior to the service supporting them.
- From these initial assessments a care plan was devised to give staff detailed guidance about how to meet the person's needs. Staff knew the person well and were able to provide care and support which met their needs.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet the person's support needs. Training methods were currently restricted, due to Covid-19, to online programmes and in-house competency assessments.
- A family member told us they thought staff were competent and understood (Person's name) care and support needs. They told us, "They are very professional, and know what they are doing."
- Induction procedures ensured new staff were trained in the areas the provider identified as relevant to their roles. One new member of staff told us, "I have completed all my induction, done loads of training then I shadowed experienced staff, now I work on my own. I really enjoy it."
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly with the registered manager. Staff meetings had been paused due to Covid-19 restrictions. To replace these meetings a monthly Organisational Review was sent out to all staff to keep them up to date with Covid-19 restrictions, the running of the service, new staff joining and planned events.
- Staff told us, "(Managers name) is really hot on training, we do a lot of it. They are very supportive and always available" and "I get good support."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The person's health conditions were well managed and staff engaged with external healthcare professionals such as GPs as needed.
- There were clear records to show any specific action the staff should take when supporting the person with their food and drink intake.
- Care plans for oral care had been developed for the person to identify their needs.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- A capacity assessment had been completed to assess if the person was able to make specific decisions independently.
- A decision making profile provided clear details for staff on how to provide information in a manner that suited the person, to help them make decisions.
- The registered manager worked closely with appropriate healthcare professionals to ensure the person's rights were always protected.
- The provider held a MCA policy that clearly described how staff should meet the requirements of the MCA.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A family member told us staff were very kind, caring and professional.
- Staff told us they ensured the person was reassured and supported in the way that suited them.
- Staff knew the person well. They knew and respected the person's wishes, interests and preferences.

Supporting people to express their views and be involved in making decisions about their care

- Twice a year the service sent out questionnaires to people using the service. Responses from the representative of the person receiving care and support, were very positive.
- The person was involved in decisions about how to spend their time.
- A family member confirmed staff had consulted with them if help was needed with decision making and sharing appropriate information.

Respecting and promoting people's privacy, dignity and independence

- The values of the service were based on enabling the person to live a fulfilling life and achieve their chosen outcomes.
- The person was supported to maintain and develop relationships with others.
- Staff respected the person's right to privacy and dignity.
- Confidential information was kept securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's care plan contained detailed and individualised information about their preferred routines, interests, likes and dislikes.
- Care plans were kept under monthly review and monthly audits were carried out by the registered manager who checked the quality and accuracy of care plans.
- Staff told us care plans were informative, giving them the guidance they needed to care for the person. Staff were informed about any change in the person's needs through effective communication. This helped ensure the person received consistent care and support.
- Staff had a good understanding of the person's individual needs and provided flexible and personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs were identified, recorded and highlighted in their care plan. For example, prompting staff to provide information in a specific manner.
- The registered manager had formatted all key information and policies in a manner that was accessible to all. This meant that people who used the service were provided with information on all aspects of the service they received.
- Staff knew how to communicate effectively with the person in accordance with their known preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew the person's interests and supported them to access activities that they enjoyed.
- Staff supported the person to access the local community regularly.
- The service also supported the family of the person, to enable them to follow their own interests, by providing care and support at key times that suited them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.

- No complaints had been received by the service.
- A family member told us they would be confident to speak to the provider or a member of staff if they were unhappy with any aspect of the service provided.

#### End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- There were systems and procedures in place to enable the person's wishes and preferences in relation to end of life care to be recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked alongside staff to help develop a positive culture. They were very motivated and committed to providing the best service possible for people.
- A family member told us, "They are really good. We plan a month in advance how we want to use our hours. They are very accommodating. We have a consistent team of staff and we meet any new staff before they come to us alone."
- Staff told us, "I love my job" and "I was recommended to join this organisation. The manager is such a good ambassador for the service."
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people.
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures. Care plans and risk assessments had been kept under review and gave staff guidance about how to provide person-centred care for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider understood their responsibilities under the duty of candour. The person and their family had been informed of the changes put in place to manage infection control in relation to Covid-19.
- The provider was aware of their responsibility to report to CQC any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Staff were aware of the whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had a registered manager.
- The monitoring and auditing systems were robust and effective. The provider had very effective oversight of all aspects of the service.
- Roles and responsibilities were defined and understood. The registered manager was supported by the provider.

- Staff told us, "Training is fantastic, we get loads of support and the manager is always available" and "I really enjoy my job."
- Important information about changes in the person's care needs were communicated to staff in an effective way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person and their family had been regularly asked for their views and experiences of the service they received.
- Staff had regular one-to-one supervision with the registered manager. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.

Continuous learning and improving care

- Robust auditing systems were in place. The effectiveness of these systems were being continuously evaluated.
- The registered manager and the staff were motivated to provide the best service possible.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided had been acted upon.
- The registered manager was involved in local business forums and managers support groups. This provided additional support and helped share good practice.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.