

Koru Care UK Ltd

Elizabeth Homes

Inspection report

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Date of inspection visit:
09 November 2023
14 November 2023

Date of publication:
15 January 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elizabeth Homes is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to older people and people who may be living with dementia. At the time of our inspection there were 26 people using the service.

People's experience of the service and what we found

The environment was not clean, and practices did not always promote good infection, prevention and control. Risks assessments were not always in place or sufficiently robust. Risks in relation to the environment had not always been assessed such as single pane glass. The registered manager sent evidence that work had been planned to address window safety.

Governance systems in place had not been effective at identifying areas for improvement. Records were not always in place or in sufficient detail and they had not always been stored safely.

Recruitment records were not always clear when checks had been carried out. We have made a recommendation about this. Medicines management was not always in line with best practice. We have made a recommendation about this.

People did not always have care plans in place to show they had been given the opportunity to discuss their end of life wishes. We have made a recommendation about this.

People were happy with the support they received; however, care plans and risk assessment were not always in place or sufficiently person centred. We have made a recommendation about this. People were supported to take part in activities and to access the community. Staff supported people to maintain relationships with their friends and family.

People were supported to have maximum 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. However, records regarding Mental Capacity Act 2005 had not always been recorded as decision specific. People were supported with their fluid and nutrition, and we received positive feedback regarding the food available.

People were supported by kind and caring staff, who they had developed positive relationships with. Staff respected people's privacy and dignity.

Staff felt supported by the management team, they told us they received regular supervision but could access support at any time should they require.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 17 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to risk management, infection prevention and control and governance. Please see the action we have told the provider to take at the end of this report.

We have made recommendations in relation to medicines, recruitment, end of life care planning and person-centred care planning.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elizabeth Homes

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors. An Expert by Experience supported this inspection making telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elizabeth Homes is a 'care home'. 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. Elizabeth Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We contacted the local authority to gather feedback regarding the service. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 9 relatives about their experience and support they received. We spoke with the registered manager, deputy manager, the cook, kitchen assistant, senior carers, and care staff. We reviewed 4 people's care plans and multiple medicines records. We reviewed 3 staff files and a variety of records regarding the management of the service.

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 under the previous provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Effective procedures were not in place to prevent the spread of infection. The service was not clean. Equipment used to clean the service was dirty, this included brushes and mops.
- Equipment to support people such as hoists, crash mats and privacy screens were very dirty.
- Systems were not in place to reduce the risk of cross contamination. This included storage of towels, laundry and the storage and disposal of Personal Protective Equipment (PPE).
- Some areas could not be effectively cleaned, such as chairs and flooring as they were damaged.

The provider had failed to manage the risk of spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to clean the service and assured us a programme of work would be taking place to replace flooring and chairs.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were not always in place or did not contain sufficient detail to ensure guidance was available to staff to mitigate risks to people. One person had resided at the service for several months, but no robust risk assessments were in place.
- Care plans and risk assessments were not promptly reviewed when people's needs change.
- Risks associated with the windows had not been assessed. For example, single pane glass in windows and cracks in windows.
- Information such in the providers 'grab bag' for the event of an emergency was not accurate.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took action to implement a window safety risk assessment and confirmed work would take place to ensure the safety of the windows.

Using medicines safely

- Medicines that were required to be administered before other medicines had not always been administered separately.

- Medicines took a considerable length of time to be administered as they had been dispensed from an upstairs room, risk associated with this such as carrying medicines around the building had not been assessed.
- Protocols were not always in place when people were prescribed as and when required medicines or variable doses.

We recommended the provider review their procedures for administering medicines.

Staffing and recruitment

- Recruitment checks were carried out; however, records were not clear, and some records were dated after people had commenced employment.

We recommend the provider seek advice from a reputable source regarding their recruitment checks.

- There was sufficient staff to meet people's needs. However, the provider did not have a system in place to review staffing levels to ensure these stayed safe.
- People told us there was enough staff, who responded to them promptly.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to tell us safeguarding procedures and what action they would take if they suspected abuse.
- The Registered Manager had raised safeguarding concerns when required. However, during the inspection we were concerned about the support one person received and raised a safeguarding. The Registered Manager took action to ensure this person's safety.
- People and their relatives told us they felt safe at the service. One relative told us, "Yes [Name] is safe. The home is secure, and the staff are always around and available"

Learning lessons when things go wrong

- Accident and incident forms were completed; however, the management action had not always been completed to show these had been reviewed.

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 under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they received supervisions and felt well supported in their roles. One staff told us, "Yes, we get regular supervision and annual appraisal. Yes, feel well supported, we can raise stuff in in supervision but can go any time to the management if we need support."
- Staff received induction and training; the registered manager was in the process of sourcing external training to improve the training available to staff.
- Where staff need support with their development this had been sourced. For example, supporting staff to access training to help with their English language.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments had been carried out to assess people's capacity. However, records required improvements to show these were decision specific.
- Staff gained consent prior to providing people with care.
- Where required the appropriate authorisations had been sought in relation to Dols.

Adapting service, design, decoration to meet people's needs

- Areas of the home required addressing, this included repairs and decorating. The registered manager told us there was a plan in place for this to occur.
- People's bedrooms were personalised, with their own belongings and photos.
- People had a choice of communal areas where they could choose to spend time.

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

- Pre assessments were carried out prior to people residing at the service.
- Peoples were supported with oral hygiene, however records required clarity. The registered manager assured us this would be addressed.

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

- People were supported to have food and drinks. Feedback from people and relatives included, "The food, breakfast dinner and tea is brilliant, it's like a 5 star hotel, I've no complaints." And "The food is beautiful there. The cook is great. I have eaten there with [Name], and it's always been lovely."
- When required people's fluid intake was recorded, however, records required further information to show these were effectively monitored.

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

- People were supported to access health care appointments. The provider worked in partnership with health professionals and supported people to access appointments such as doctors.
- Where appropriate people's relatives were kept up to date with health care appointments.

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.

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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

- People had developed positive relationships with staff. We observed people having 'banter' and laughs with staff.
- Staff were kind and caring. Feedback from people's relatives included; "The staff are very caring. They are very kind to everybody" And "Yes, the staff are very caring, and they have seen nothing but compassionate and patience."

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

- People were supported to express their views and were consulted daily on their preferred routines and choices
- People were involved in their care plans. One relative told us, "They involve me with the care plan, and we have had a review every year."
- People made decisions about their support and how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One relative told us, "The fact they have got him walking again and we can take him out proves that."
- People were supported by staff who preserved their dignity.
- Records were not always stored safely to ensure people's information was kept private. This has been addressed in the well-led domain.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people's needs were not always met.

End of life care and support

- There was a lack of evidence that people had been given opportunity to discuss their end of life wishes, preferences and choices. When people were prescribed medicines should they require them at end of life they did not have robust care plans in place.

We recommend the provider review their systems for ensuring peoples end of life wishes are recorded.

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

- Care plans and risk assessments were not always in place or had not been reviewed and developed promptly to ensure they were reflective of people's needs.
- Some care plans lacked person-centred detail. The registered manager was in the process of transferring care plans to an online system and was aware they required further detail.

We recommend the provider seek advice from a reputable source regarding person centred care planning.

- People were happy with the support they received from staff and told us their decisions were respected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place, but they did not always contain sufficient detail regarding people's communication needs.
- The registered manager confirmed if people required information in different formats these would be sourced.

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

- People were supported to participate in activities and their interests. One relative told us, "They give her activities to do that she likes. They keep her busy." Another relative told us, "They take him around the park, He likes the sing along too but if he is tired, they don't force him."

- People were supported to maintain relationships with their family and friends.

Improving care quality in response to complaints or concerns

- No formal complaints had been submitted. The registered manager kept a log of any concerns raised and action taken.
- People were confident if they needed to raise a complaint it would be addressed. One relative told us, "Up to now I haven't needed to complain, but the manager is very approachable and so are the senior cares. I feel they would deal with it correctly."

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.

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Governance systems in place had not always been effective. Although audits took place, they had not always identified or promptly addressed areas found at this inspection. Examples included, concerns related to infection prevention and control, medicines, risk management, window safety, and care planning.
- Records were not always stored safely. Records were found in communal places meaning these could be accessed by people living at the service and visitors.
- Accurate and contemporaneous records were not always kept. Examples included, people's care records and accident reports where the management review section was not completed.

Governance systems were not effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to inform the Care Quality Commission of incidents of a safeguarding nature.

The failure to notify as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager was open and honest throughout the inspection, they implemented an action plan to address the concerns identified at inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had recently started conducting surveys again to gather feedback from people, their relatives, and staff. Results from surveys had been analysed for some but others were awaiting analysis.
- There was no regular resident or relative meetings, the registered manager told us this was through a lack of attendance.

- People and their relatives were happy with the communication with the service and felt they were kept up to date.
- The registered manager and staff worked in partnership with health professionals.

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

- People were happy with the support they received and felt well supported by the care staff and management. However, work was required to ensure care plans and risk assessments were person centred as detailed throughout this report.
- Staff felt the management team was approachable which led to an open culture.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to the health and safety of people had been assessed and mitigated. The provider had failed manager the risks in relation to infection, prevention and control. 12(1)(2)(a)(b)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to store and maintain accurate, complete and contemporaneous records. 17 2 (a)(b)(c)(d)