Care South

Elizabeth House

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

Elizabeth House is a care home that provides accommodation and support for up to 43 older people. At the time of the inspection 42 people lived at the service and one person was staying on a respite break.

This unannounced inspection took place on 16 and 18 November 2016. One inspector and a specialist nurse advisor visited the service on the first day of the inspection. On the second day, two inspectors visited the service.

The service had a newly 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.

People felt safe and staff had a good understanding of abuse and what action to take if they were concerned or worried about someone. Risks to people were robustly managed and the actions taken reduced the potential for a reoccurrence of accidents or incidents.

Staff were supported through regular meetings with their manager and all the staff we spoke with felt they had been well trained. People's health needs were met by staff who understood when someone might need additional medical support. People told us they enjoyed the meals and there were systems in place to ensure that where people required specialist diets these were in place.

People told us staff were caring and listened to them. One person said, "They are fantastic here". Observations showed staff had an unhurried approach with people, taking time to chat and make sure people were happy.

Care plans provided detailed guidance about people's needs. Staff told us they were easy to read and helped them to understand how they could best support people.

There was a complaints system in place and the procedures were visibly displayed to ensure people and their relatives understood what to do if they were unhappy about something.

People and staff views on the service were sought and acted upon to continuously drive forward improvements. Quality assurance mechanisms were in place to make sure people were safely cared for.

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.

People were protected from abuse because staff understood what to do if they were concerned or worried about someone.

Risks to people were managed robustly and accidents or incidents were investigated and analysed to reduce the risk of harm.

Staff were recruited safely because full pre-employment checks were carried out and references were obtained.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink appropriately.

Is the service caring?

Good

The service was caring.

People had good relationships with staff.

We observed that staff treated people with warmth and compassion.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and treatment was planned and delivered to meet their needs.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place. People and staff told us that the management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

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.

The inspection took place on 16 and 18 November 2016 and was unannounced. One inspector and a specialist nurse advisor visited the service on the first day of the inspection. On the second day, two inspectors visited the service.

We met with 19 people who lived at the home and spent time chatting with 15 of them to learn about their experiences of living at Elizabeth House. We also talked to four relatives. We spoke with 12 staff including the registered manager and a senior manager.

We reviewed four people's care plans and other records in full, and sampled specific care records for a further three people. We also looked at records relating to how the service was managed. These included staff recruitment and training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Before the inspection, we reviewed the information we held about the organisation including the 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 also reviewed feedback from the local authority.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe living at the home. When we asked one person if they felt safe they said, "Oh yes, very", and when we asked another person about feeling safe they told us, "I feel very safe here, the staff are lovely".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had been trained in safeguarding adults and understood what to do if they were concerned or worried about someone. A staff member told us, "Abuse can be many things; financial, mental, sexual, physical, to name a few. If I suspected abuse I would report to the manager or deputy, one is always on duty. If for any reason they were not here, I would ring the safeguarding team". We reviewed the safeguarding concerns raised in 2016. On the first day of the inspection we found one safeguarding concern had not been followed up with the local authority and the concern had not been notified to CQC in accordance with the organisations statutory responsibilities. The registered manager took immediate action to rectify this.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person became disorientated at night-time and this posed risks to both the individual and other people living at the home. Risk assessments indicated that a pressure mat to alert staff when the person left their bedroom was required. There were care plans in place to provide staff with guidance on when and how to use the pressure mat. Records showed staff had tried to involve the person as much as possible in the decision making process. Staff had taken further action following an incident by moving this person to another part of this home. This action resulted in the person feeling more settled at night and reduced the risks to other people living in the home.

There was a system in place to monitor accidents and incidents which the registered manager had reviewed shortly after commencing in their role. They had identified a trend in a communal lounge and investigated the potential causes. The action they had taken reduced the risks to people by ensuring enough staff were on duty, and that the staff on duty had equipment such as pagers to alert them when somebody needed assistance.

People told us there were generally sufficient staff on duty to meet their needs. Throughout the inspection call bells were answered promptly and there was a calm, unhurried feel to the support people received from staff. The manager told us they had recently increased the staffing levels. They had identified that at peak times such as in the mornings, people's needs were not always met quickly because staff had been too busy. A staff member commented on the changes saying, "It makes a big difference when you have the right staff and the right amount of them".

Robust recruitment procedures existed to ensure that people were kept safe. Staff recruitment records showed that staff were not able to commence employment until two references and a Disclosure and Barring Service (DBS) check had been received. Records were well organised and new staff had completed application forms, which included a full employment history. We saw evidence of DBS checks, proof of

identification and two references.

Generally, medicines were managed well in the home using an electronic ordering and administration system. People's records included allergies and a photo of the individual concerned so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. The electronic system had safeguards in place to make sure people received their medicines at the right time.

The home had appropriate storage facilities with two locked medicine trolleys, facilities for storing specialist medicines and a small fridge for storing medicines that required refrigeration. Staff maintained records of the small fridge temperature to make sure that medicines were kept within the correct temperature range.

Staff had received training in the safe management of medicines and there were period checks of their competence. A daily and monthly auditing system ensured the registered manager had an overview of the system including any issues or errors they needed to act on.

Following the inspection the registered manager wrote to us to confirm the introduction of pain assessment tools. These are used for people who are not able to verbally express when they are in pain.

A major incident plan was in place, which contained actions staff should undertake in an emergency such as a flood or fire. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The provider had a Legionella risk assessment in place with actions being completed such as flushing infrequently used taps and descaling showerheads by a trained member of staff.

Maintenance records showed us equipment, such as fire alarms, extinguishers, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments from people included: "Very good, they work hard" and, "They're smashing, I am very lucky to be here". We received mixed feedback from the four relatives we spoke with. Two were very positive about the care and support their family member received telling us, "They put my mind at rest" and, "It's been a very nice choice, [the person] has got to know everybody and is happy". However two other family members were concerned about the care their relative had received. They told us about a number of concerns they had which we drew to the attention of the registered manager.

People said staff were confident and competent when providing their care and support. They said staff were available and when they supported them, it was to the standard they expected. One person told us, "I don't know how much training the staff have but they look after me well".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

Training included safeguarding adults from abuse, first aid, fire safety and moving and handling. Service specific training included caring for people living with dementia, nutrition and challenging behaviours. Staff commented positively about the quality of training they received. For example one staff member told us, "People need different care, so for instance, people with different mental health needs require different approaches, and we need to know them", and another said, "It is really important to have the knowledge in order to give the very best care we can".

Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge.

Records showed that staff received regular supervision sessions and an annual appraisal. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff told us they could gain informal advice or guidance whenever they needed to, one said, "We don't have to wait for supervisions or appraisals to talk about issues here. Nobody feels that way; it's very much an open door system" and another told us, "We are a very strong team. I feel completely supported".

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's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. All staff had easy read MCA cards to support them in adhering with the legislation.

People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. People were supported to make choices about their day to day lives and staff respected their wishes. For example one staff member told us it was important to, "Give the residents choice in everything they do; eating, drinking, what to wear, where to sit, who with, in fact everything within day to day living". Another staff member said, "Basically we ask each day how they wish things to be done. Sometimes we ask a family advocate if they can't tell us. Most of our residents have enough capacity to be able to say". A third staff member said, "Residents are free to do anything they, I like that".

Staff recognised when people's mental capacity might need to be assessed and a best interests decision made in relation to particular aspects of their care. Records showed these were carried out appropriately. For example, one person needed staff to be aware of when they left their bedroom at night. There was a mental capacity assessment in place and a best interests decision that recorded why a pressure mat was the least restrictive, most proportionate way to ensure this person's and others safety.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was a guide to DoLS for staff that explained clearly when someone might be at risk of being deprived of their liberty and what action staff needed to take. Discussions evidenced the management team understood when DoLS applications would be required and knew what to do. However, we checked the records of people under a DoLS and found that one person's authorisation had expired. This meant they were being deprived of their liberty unlawfully. When we drew this to the attention of the registered manager they acted immediately. The provider wrote to us following the inspection and told us about the actions they had implemented to protect people from being unlawfully deprived of their liberty.

People told us they generally enjoyed their meals. One person said, "There is a good cook in the system somewhere". Staff at the home had recently won an internal organisational award for 'best dining experience'. Observations of the breakfast showed staff took time to ensure residents were offered tasty choices of breakfast. For example one member of staff asked a person, "Can I get you some bacon? Why don't you try some egg and bacon". Another person arrived in the dining room and staff made sure they were sat in their preferred place. They took time to ensure the person was comfortable at the table and offered them cereals and suggestions for hot or cold milk. We spoke with one staff that helped with breakfasts. They told us, "I love this job, and really enjoy doing breakfasts. I like to see people eat and I make sure it's nice". We saw that people were supported to remain hydrated and there were readily available jugs of water and squash in various areas of the home.

People who had specific nutritional needs were supported effectively. The chef was aware of people with specialist diets and information was clearly displayed in the kitchen when people had nutritional needs such as swallow issues, a need for fortified foods, allergies or health conditions such as diabetes.

Staff supported people to remain as well and healthy as possible. Records showed people had seen healthcare professionals such as their GP, optician and chiropodist.

Staff understood what changes in people's health might look like and what action they needed to take. A member of staff told us, "I might notice that they were becoming more confused. It would be how they look, their skin colour and their mood" and another staff member said, "I would be concerned if their appetite changed, or they weren't sleeping when they normally sleep well; if they appeared withdrawn or in pain".

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. We received a range of comments including, "They are all very nice and friendly. They look after me well", "All very friendly", "They are very kind and very nice", "They are smashing". A relative commented on a specific staff member telling us the staff was, "The most lovely girl, always a happy, smiling person".

A record of compliments was kept by the home. We looked at some of the compliments they had received. One relative had written to the home saying, 'Thank you for the care of our mother. It gave us peace of mind knowing she was happy living at Elizabeth House'.

There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner. We heard one staff who was chatting with an individual say, "I'm going to make you a fresh cup of tea; this is a bit cold now. Would you like a chocolate cream biscuit? You like those". Another staff member responded to a person's request for help and then added, "Now then, shall we go and sit somewhere sunny and have a cup of tea".

Staff responded to people quickly to ensure they did not become distressed. During the day we saw that one person wanted to leave the home and go for a walk. We saw that a member of staff responded in a kind and caring way to this person and they went out for a walk with the person. One staff member told us about the importance of knowing the people they supported. They said about one person, "It's all about how to make their dementia easier for them. To do that, we need to know how they like things done. It can be the smallest of things, like we have a resident who when they go to bed likes the room to be dark. Another resident likes to choose orange squash, not juice".

People's privacy was respected and their bedrooms reflected their personality, preference and taste. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Some people had their own key to their room which helped to promote their independence.

People were treated with dignity and respect. Staff were respectful, understanding and patient when assisting people. They addressed people by name, responded promptly to requests and gave people time to respond to any questions. One person was trying to unlock their bedroom door. Staff came to assist and chatted with them. They made sure they were sat comfortably, had their table and newspaper and checked they had enjoyed breakfast.

Because Elizabeth House is an older building the provider had experienced issues maintaining safe water temperatures. They had mitigated this by using tap straps (a piece of equipment that prevents hot taps from continuously running). However, the use of tap straps could reduce the independence of some people who would otherwise be able to operate taps independently. The provider wrote to us following the inspection and told us, 'This is a generic environmental risk management approach and we would always review the situation for any individual who had difficulty with the tap straps and we could put in place an alternative'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and they were satisfied with the service being provided. One person told us, "They work hard", and another person said they, "Get the right help quickly, they are on the ball". A relative told us they were impressed with the staff team saying, "They put my mind at rest".

People's needs were assessed before they were admitted to the home to make sure that these could be met. Once people were admitted staff carried out further assessments and risk assessments to establish a person's needs. These were then used to develop an individual care plan for each person.

Care plans comprehensively covered people's needs including physical health, communication, medicines, and personal care needs. When we spoke with staff about how they helped or supported someone, what they told us was reflected in the person's care plan.

Care plans were person centred and easy to read. People and their family members were involved in developing their care plans and staff confirmed the plans provided the guidance required in order to care for, or support the person in the right way. For example, one staff member said, "I like these care plans. They give you more scope to be person centred, to put in what the person wants to be known".

One person was diagnosed with epilepsy. Their care plan said, '[the person] lives with seizures, and has [a specific medicine] twice daily. On occasions [the person] puts on several layers of clothes and becomes overheated, which can cause a seizure'. The plan also described what staff needed to do and when they needed to seek additional medical advice. Other people required support with their continence including where they used a catheter. One person's plan had very detailed instruction on how to change and clean their catheter bag.

Where people could become distressed or anxious their care plans included suggestions on what might be causing the anxiety and how staff needed to respond including an emphasis on comfort and reassurance. One person's plan said 'For staff to ensure they approach [the person] in a gentle manner. [the person] can, on occasion, become forthright and unmannerly and …, staff to divert [the person] by offering a drink of tea and custard cream biscuits, which they love'.

Care plans were kept under review and were updated when people's needs changed, this ensured staff had a good understanding of the support people needed.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People were supported to take part in the social activities they enjoyed. For example, there was a Gentleman's Breakfast Club where they had a dominoes table, water art and a magnetic garden shed board for them to plan how they would like a shed. The activities worker told is about their plans to start bulb

planting for people who enjoyed gardening. Other people who enjoyed knitting had knitting bags with their names on and were involved in a project making blankets for the local maternity unit. During the inspection we saw people had been making pompoms in bright colours which they were going to use as balls to exercise with. The activities worker was planning for a sink to be installed in the activities room so that people who chose to could have their hair and nails done at the same time.

People told us that they would be confident to raise concerns if they needed to. We saw that the service had not received any complaints in the past year. The provider had a complaints policy in place which was clearly displayed in the home for people or others to access.

Good

Is the service well-led?

Our findings

All the staff we spoke with told us there was a positive, caring and open culture in the home. A member of staff told us, "We are a family. There are no management, care worker, resident (divides), we are all one team". The manager told us, "I am very fortunate to have a very good staff team. I am proud of them and can't praise them enough".

A relative described how the registered manager had made some changes to promote their family member's well-being. They said, "[The registered manager] must be very caring to go to that trouble, [the registered manager] is always very nice to me".

Residents and relatives meetings were held regularly and chaired by the registered manager. The meetings gave people further opportunity to discuss issues and ideas and we saw that actions raised were listened to and acted upon. For example, one relative was recorded as mentioning the gardens could do with being more colourful and actions were taken by the registered manager to address this.

The staff we spoke with all told us that there was good morale with everyone working to clear values in supporting people at the home. Although the registered manager and deputy manager had been recently appointed all the staff we spoke with told us they felt well supported by the management team. One said, "We are a good team here. We support each other". Another commented on the management team saying they had, "Just blended in straight away, really good and I feel supported".

Staff meetings had been held across different levels of the organisation to discuss the service provided. We looked at minutes of the most recent care team meeting and saw topics relevant to the running of the service had been discussed. These included care plans, observations, health and safety and infection control. Staff told us their ideas; suggestions or concerns were listened to, taken seriously and acted upon where possible. For example, staff suggested changes to rota patterns to improve outcomes for people at a specific period of the day and the registered manager took action. We talked to the registered manager about this and they told us, "I take feedback as constructive; we are all here to do the same job".

Quality assurance at the service was regular and completed both at organisational level by the provider, and by staff who worked in the home through regular audits. An operations manager completed an audit every month to look at a number of different areas such as the premises and various records in the home. Other audits included care plans, medicines, call bells, infection control and health and safety. This information was analysed and an action plan created to address any lower scoring areas. This demonstrated that quality systems were in place and information from audits was collated and used to improve and develop the service.

The records we reviewed were accurate and up to date and were readily accessible when asked for.