Shaw Healthcare Limited

Elizabeth House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 28 February 2018 and was unannounced. Elizabeth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elizabeth House is situated in Bognor Regis in West Sussex and is one of a group of homes owned by a national provider, Shaw Healthcare Limited. Elizabeth House is registered to accommodate 60 people. At the time of the inspection there were 57 people accommodated in one adapted building, over three floors, which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. These units provided accommodation for older people, some of whom were living with dementia. There were gardens for people to access and a hairdressing room.

The home had a registered manager. A registered manager is a '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 home is run. The management team consisted of the registered manager, a deputy manager and team leaders. An operations manager also regularly visited and supported the management team.

At the previous inspection on 14 and 17 February 2017 the home received a rating of 'Requires Improvement' and was found to be in breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to inform us of what they would do and by when to improve the key questions of safe and well-led to at least good. This was because there were concerns with regards to the sufficiency and deployment of staff to flexibly meet people's changing needs and ensure their safety. In addition, there were concerns with regards to the completion of records to confirm staff's actions and the failure to action issues that had been identified within audits. At this inspection improvements had been made and the provider was no longer in breach of the regulations. However, we found one area of practice that needed to improve.

The management team and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and had worked in accordance with this. However, although staff gained people's consent before supporting them with day-to-day tasks, there was an inconsistent approach to formally assessing people's capacity and gaining their consent. This is an area of practice identified as being in need of improvement.

The registered manager and staff worked hard to promote a welcoming, inclusive, friendly and lively atmosphere. People told us they were happy living at the home. Without exception, people, relatives and healthcare professionals told us that staff were consistently kind, caring and compassionate and our observations confirmed this. Comments from people were positive. They included, "I like it here very much; the staff are all very kind and attentive". Another person told us, "Yes, the staff here are very kind, they could not be nicer. I am fortunate and do not have any medication or mobility problems, but I can see the amount

of care that is given to some of the other residents. It is wonderful and I know that I would be looked after properly here if ever the time came". People were treated with respect and dignity, their privacy maintained. Independence was promoted and encouraged and people could choose how they spent their time.

The provider had a clear set of values that encompassed a person-centred approach and these values were embedded in the culture and the practices of staff. The provider and management team had good quality assurance processes and audits that monitored the practices of staff and the effectiveness of the systems and processes at the home. Action plans were implemented as a result of audits to ensure that any improvements noted were planned for and completed. The provider, management team and staff, worked with external agencies and professionals and continually reflected on their practice and learned from incidents and occurrences to ensure that the service continually improved.

People received a service that was responsive and centred around their needs. People received timely interventions when they were unwell and had access to medicines to maintain their health. People were supported by external healthcare professionals and there were good links and communication to ensure that people received a coordinated approach to care. One person told us, "Yes, I see the doctor from the local surgery if I need to. I can also see the optician, dentist or chiropodist when I need to. I only have to ask one of the girls".

Staff were had access to learning and development and support from external healthcare professionals to develop their skills and understanding about supporting people living with dementia. People were safe, there were sufficient staff, risks were assessed and managed and people were supported by staff that understood what to do if there were concerns about a person's safety. People were protected by the prevention and control of infection and told us that the home was clean and our observations confirmed this.

The home was designed in such a way to enable people to orientate themselves around the building and enjoy time on their own as well as interact with others. People had meaningful interactions with staff and observations showed that people enjoyed themselves and had opportunities to partake in activities to occupy their time. The registered manager and staff were proactive in sourcing and providing pastimes for people to enjoy such as an interactive television so that people could access the internet to watch old films and listen to music. In addition, one person who enjoyed gardening was provided with a small garden area, tools and a shed. One person told us, "The home has a person to organise things every day. There is a notice board of the programme. They are really good and I usually attend. They are also willing to take suggestions of anything an individual would like to do, so we get a variety of things to enjoy. It works out that there is more than enough to do in the day".

People were involved in the development of care plans and were able to voice their wishes and contribute to a plan of care that was specific to their goals and aspirations. People were involved in decisions that affected their lives at the home. Regular meetings ensured that people were able to express their wishes and preferences. The registered manager welcomed feedback and used this to continually improve the experiences of people. People received good end of life care and were offered the opportunity to plan for this to ensure that their needs and preferences were known.

People told us that they enjoyed the food and were provided with choice. People's hydration and nutritional needs were met. One person told us, "The food here is generally good and they will change the menu for me if I want something different. I have no complaints. The staff will always being me a cup of tea or coffee whenever I want it".

A comment made by one person, summed up people's feedback about their experience living at the home, they told us, "I think this place is perfect, the whole experience".

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 home was consistently safe

There were sufficient numbers of skilled and experienced staff to ensure current numbers of people living at the home were safe and cared for.

Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety. The provider demonstrated a reflective approach and implemented changes when lessons had been learned from incidents.

People had access to medicines when they required them. There were safe systems in place to manage, store, administer and dispose of medicines.

Is the service effective?

Requires Improvement

The home was not consistently effective.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who might lack capacity but had not consistently worked in accordance with them.

People were cared for by staff that had received training and had the skills to meet their needs. Staff worked with external healthcare professionals to ensure that people received appropriate and coordinated care.

People had access to healthcare services to maintain their health and well-being. People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

Is the service caring?

Good

The home was consistently caring.

People were supported by kind and caring staff who knew their preferences and needs well and who could offer both practical

and emotional support.

People were treated with dignity and respect. They were able to make their feelings and needs known and were able to make decisions about their care and treatment.

People's privacy and dignity were maintained and their independence promoted.

Is the service responsive?

Good

The home was consistently responsive.

People had access to a wide and varied range of activities and facilities. People were supported to engage in meaningful activities and there was a fun, lively atmosphere.

People were involved in the development of care plans. These were detailed and provided staff with personalised information about people's care.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good

The home was consistently good.

There was a positive culture that ensured that people were involved in decisions that affected their lives and support was tailored around their needs and preferences.

Good quality assurance processes ensured the delivery of care and drove improvement. The management team maintained links with other external organisations to share good practice and maintain their knowledge and skills.

People, relatives and staff were consistently complimentary about the leadership and management of the home.

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 28 February 2018 and was unannounced. The inspection team consisted of four inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the experts-by-experience had experience of older peoples' services.

The home was last inspected on 14 and 17 February 2017 and received a rating of 'Requires Improvement'. Prior to this inspection we looked at information we held, as well as feedback we had received about the home. We also looked at notifications that the provider had submitted. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we 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 home, what the home does well and any improvements they plan to make. We used all of this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 21 people, eight relatives, nine members of staff and three members of the management team, one of whom was the registered manager. Prior to the inspection we contacted a healthcare professional from the local authority. Subsequent to the inspection we contacted a community dementia matron for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for seven people, medicine administration records (MAR), six staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounges and in people's own bedrooms. We also spent time observing the lunchtime experience people had, the administration of medicines and various activities that were taking place throughout the inspection.

Good

Is the service safe?

Our findings

At the previous inspection on 14 and 17 February 2017 the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regards to the inflexibility of staffing levels to meet people's changing needs and the deployment of staff to ensure people's safety. Subsequent to the inspection the provider wrote to inform us of how they would meet the regulation. At this inspection improvements had been made and the provider was no longer in breach of the regulation.

At the last inspection there were concerns with regards to the sufficiency and allocation of staff to meet people's needs as well as the lack of flexibility to meet people's changing needs. At this inspection there were no concerns with regards to the staffing levels within the home. People told us that there was enough staff to meet their needs and that when they called for assistance staff responded in a timely manner. The registered manager explained that they were more mindful when assessing people's needs prior to them moving into the home. That when doing this they looked at the person's needs alongside the needs of existing people who lived at the home to ensure that staffing levels could meet people's needs. People's needs were assessed on an on-going basis and this was used to ensure that the levels of staff aligned with people's assessed level of need. A healthcare professional told us, "There has been a lot of work to ensure that the right residents are being cared for at Elizabeth House which allows the staff to be less-stressed and more relaxed, having more time to do the more personal touches to care without the pressure of time".

Since the previous inspection staffing levels had increased by one carer on the ground and middle floors to ensure that there was a suitable number of staff. The registered manager was continuing to recruit, however in the interim period had ensured that there were sufficient staff to meet people's needs through the use of temporary staff. Efforts had been made to ensure continuity of staff as the registered manager only used two agencies which provided staff that had worked at the home numerous times before. Staff told us that the increase in staffing levels had improved their working lives and that they now had sufficient time to respond appropriately to people's needs. One member of staff told us, "We have one person who needs one-to-one care. We give that and the extra staff member we have takes their place. It works really well. Another member of staff told us, "We've got more staff now on two floors and that has made a tremendous difference". By ensuring that people's needs were appropriately assessed and aligned with others and by increasing staffing levels, the registered manager had ensured that staffing levels were safe.

People, relatives and healthcare professionals all told us that the home was safe and our observations confirmed this. When asked why they felt safe, comments from people included, "I do, I have been here for a long time and they look after me really well. I am very able but they deal with all my medication and any of my needs, they are all lovely girls", "Most certainly, I can tell you this place is A1. The staff are proactive and will do anything I ask of them" and "I fell over the other day, the staff helped me up and reported the accident, they recorded it in the book. I feel very safe here". Comments from people within a recent survey, included, 'I like the staff, they give you confidence'.

People were cared for by staff that the provider considered safe to work with them. Potential staff were

asked questions at interview which enabled them to demonstrate their values to ensure that these aligned with the provider's. Prior to staff's employment commencing, identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Where people received support from temporary staff, the registered manager had requested a profile from the agency which included information on their DBS and a record of their training.

People were treated fairly and equally and were protected from discrimination and harm. Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. Mechanisms were in place to raise people's awareness of their own personal safety and to enable them to raise concerns. People told us they felt comfortable around staff and were confident that if they had concerns they could raise these with staff or the management team. Regular residents' meetings provided a formal platform for people to raise issues and discuss any concerns they had. When there had been safeguarding concerns the management and staff were reflective in their practice and were aware of the need to learn lessons from incidents or events that occurred.

Risk assessments for people's healthcare needs were in place and regularly reviewed. People were involved in the development of care plans and risk assessments. Each person's care plan had a number of these which were specific to their needs; these identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. Staff were not risk averse and risk assessments were enabling. For example, staff had considered the risks and measures that were required to reduce a risk for one person who chose to undertake a particular lifestyle choice. Staff were made aware of risks to people's safety through verbal handovers and meetings as well as having access to risk assessments, which were stored securely to maintain confidentiality; this meant that staff were aware of how to support people to fulfil their wishes whilst being aware of the measures to take to assure peoples' safety. Accidents and incidents that had occurred had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was also regularly checked and maintained to ensure that people were supported to use equipment that was safe.

People were protected from the risk of infection. People and relatives consistently told us, and our observations confirmed that the home was clean. One person told us, "My room is kept clean, they do it all for me". Staff had undertaken infection control training and infection control audits were carried out. There were safe systems in place to ensure that the environment was kept hygienically clean. Staff were observed undertaking safe infection control practices; they wore protective clothing and equipment, washed their hands and disposed of waste in appropriate clinical waste receptacles. People were supported with their continence needs, when appropriate and had access to hand-washing facilities. Personal protective equipment was available for staff to use to ensure that infection control was maintained and cross-contamination was minimised.

People were assisted to take their medicines by trained staff that had their competence regularly assessed. Observations demonstrated that safe procedures were followed when medicines were being dispensed and administered and people's consent was gained before being supported. People confirmed that if they were

experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. The provider had implemented an electronic recording system for the management of medicines across all of their services. Staff accessed peoples' medicine administration records using a laptop computer and used this to record when they had given people their medicines. Staff told us that this helped them to know when medicines were required and also identified the amount of medicines that were in stock to ensure there were sufficient stocks of medicines when people required them. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines and appropriate guidance for staff. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. People told us that they were happy with the support received. Regular medicines reviews ensured that medicines to support people to manage their behaviour were monitored and their excessive use minimised. Appropriate documentation was in place so that information about people's medicines could be passed to relevant external healthcare professionals if required, such as when people had to attend hospital.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us that staff asked for people's consent before offering support and our observations confirmed this. People were provided with choice and able to make decisions with regards to their day-to-day care. However, staff did not always adhere to the legal requirements associated with assessing people's capacity to make decisions and to gain their consent and this is an area of practice in need of improvement.

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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The management team and staff had a good understanding of DoLS. The registered manager had recognised that people received constant support and supervision and had made appropriate DoLS applications to the local authority. However there was an inconsistent approach to MCA. All of the people living at the home had a diagnosis of dementia which could have impaired their judgement and decision-making ability. Most mental capacity assessments that had been undertaken did not relate to specific decisions and instead assessed people's overarching capacity. When people had been assessed as not having capacity, best interests meetings had taken place, however, these had only involved members of staff and therefore decisions were made on people's behalves without consulting or involving other relevant people. At times best interests decisions had been made without first assessing the person's ability to make the decision for themselves. Records showed and staff confirmed that some people had received flu injections prior to the winter months. Although the reasons for this were to ensure people maintained good health, staff had not first assessed people's ability to consent to the injections and had not held best interests meetings to ascertain if it was in the person's best interests for them to have the injection. One person's records showed that consent forms had been signed by a relative, who the registered manager believed to have lasting power of attorney (LPA). However, when staff were asked to provide the documentation to confirm this, they were unable to, and explained that sometimes this was made available to them and at other times it was not. However, without having the documentation to confirm that people had LPAs they had not assured themselves that people making decisions on people's behalves had a legal right to do so. The consistent implementation of MCA is an area of practice in need of improvement.

People, relatives and external healthcare professionals were complimentary about the skills and knowledge of staff. One person told us, "I find the staff here are wonderful. The staff here are well-trained". The registered manager demonstrated a strong commitment to learning and development and improving the practice of staff to meet people's needs. Staff that were new to the home were supported to undertake an induction which consisted of shadowing existing staff and familiarising themselves with the provider's policies and procedures as well as an orientation of the home, an awareness of the expectations of their role

and the completion of the Care Certificate. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us, "The induction was great. I wasn't new to care but they didn't just throw me in at the deep end. I had time to get to know the place first". All staff had access to on-going learning and development to equip them with the necessary skills to support people effectively. In addition to completing the provider's core training, staff undertook courses that were specific to the needs and experiences of people that lived at the home and who used the services. External healthcare professionals had offered training, support and guidance to staff, to further improve their knowledge of supporting people living with dementia and related healthcare needs and were complimentary about the progress staff had made. One healthcare professional told us, "This is an on-going project; staff are motivated to have further training and want to learn more and improve their care". There were further links with external organisations to provide additional learning and development for staff, such as the local authority and local hospices. Observations showed that recommendations that had been made by these external healthcare professionals had been listened to and acted upon. Care staff held diplomas in Health and Social Care and were able to develop within their roles.

People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss people's needs. These meetings provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. The registered manager and provider recognised the importance of valuing and empowering staff. To recognise staff's contribution to the service, the provider had introduced the national STAR awards which recognised and awarded staff who demonstrated excellence.

People's physical and mental health, as well as their social needs, were assessed prior to them moving into the home and on a continuing basis to ensure the information that was held was current. Assessments took into account people's abilities and skills as well as their needs and care was centred on these. People's risk of malnutrition was assessed, a Malnutrition Universal Screening Tool (MUST) was used to identify people who were at a significant risk, and these people were weighed regularly, to ensure that they were not unintentionally losing weight. Records for some people showed that they had been assessed as being at a higher risk of malnutrition and staff had ensured that changes were made to the frequency in which the person was weighed so that they were monitored more closely. In addition, people's food had been fortified to increase their calorie intake. Food and fluid intake was recorded if people's intake of food needed to be monitored. People's skin integrity and their risk of developing pressure wounds was assessed using a Waterlow Scoring Tool, this took into consideration the person's build, their weight, skin type, age, continence and mobility. These assessments were used to identify which people were at risk of developing pressure wounds. For people who had wounds, regular monitoring took place and appropriate treatment provided by community nurses who regularly visited the home. There were procedures in place to ensure that people at risk of developing pressure wounds had appropriate equipment to relieve pressure to their skin, these included specialist cushions and air mattresses as well as regular support from staff to frequently reposition. Peoples' healthcare needs were met. One person told us, "Yes, I see the doctor from the local surgery if I need to. I can also see the optician, dentist or chiropodist when I need to. I only have to ask one of the girls". People told us that they were confident in staff's abilities to recognise when they were not well and to seek medical assistance when required and our observations and records confirmed that people received timely intervention from healthcare professionals when required.

People's diversity was respected and people were treated according to their needs and preferences. For example, people with dietary requirements were support to have food of their choice and that was consistent with their healthcare needs. People were supported by staff that knew them, their needs and wishes, well. The home was designed in such a way that provided adequate space for people to enjoy time

with one another. Inter-connecting communal spaces enabled people to move freely from one part of the home to another and could be closed-off to provide more intimate and cosy living spaces if people preferred. People had their own rooms that they could use if they wanted to have their own space. There were opportunities for people to socialise with other people, enjoy one of the activities or events, receive visitors and enjoy the communal gardens in warmer weather. Signs informing people where they were within the building and the location of rooms were displayed. Corridors which led to people's bedrooms were decorated in different themes. These measures helped people to orientate around the building. People were supported to independently mobilise around the home and technology, such as call bells, were available for people to use if they required assistance from staff. There was good inter-departmental working and effective communication took place to ensure a holistic approach to meeting people's care and support needs. Regular meetings took place to share information on each person to ensure people were provided with appropriate care that was consistent.

People told us that they enjoyed the food that was provided and had access to drinks and snacks throughout the day and our observations confirmed this. When people were asked about the food they told us that they were provided with choice and were able to change their mind if they were unhappy with their original choice. One person told us, "The food here is generally good and they will change the menu for me if I want something different. I have no complaints. The staff will always being me a cup of tea or coffee whenever I want it". Another person told us, "The food is great, I always get a choice of two options from the menu and my favourite is the Sunday roast, sometimes I ask for extra pudding, which they give me". Observations showed that some people chose to eat their meals in the dining rooms whilst others preferred to eat in their rooms or at small tables in the communal lounges. People had a pleasant dining experience and were able to socialise with others. Staff were respectful and supported people appropriately when they required assistance to eat and drink. Aids and adaptions were made available for people to use to enable them to remain independent and to take into consideration their cognitive and physical abilities. For example, there were beakers with lids and handles or plate guards that people could use if required.

Good

Is the service caring?

Our findings

People and relatives consistently told us that staff were kind and caring and that people were treated with kindness and compassion. A relative told us, "They have great patience with my relative, they have a caring approach that we have never seen anywhere before. We [the family] all think they deserve a medal. This place has a lovely feel about it; they always make us feel welcome". A healthcare professional told us, "I have observed some very caring approaches to the residents and they [staff] want to be able to meet people's needs". One person told us, "I like it here very much; the staff are all very kind and attentive". Another person told us, "Yes, the staff here are very kind, they could not be nicer. I am fortunate and do not have any medication or mobility problems, but I can see the amount of care that is given to some of the other residents. It is wonderful and I know that I would be looked after properly here if ever the time came".

Observations of staff's interactions with people demonstrated that the provider's values of 'wellness, happiness and kindness', were embedded in staff's practice. The registered manager told us that staff were always reminded that although the home was their place of work, first and foremost it was people's home. A relative told us, "My relative needs a great deal of care and we know from the time we all spend here and bear witness to that they are getting the best care possible". The home was welcoming, friendly and fun and people were treated with respect and dignity. Measures had been taken to ensure that people felt at ease, with as many familiar items around them as possible. People's rooms were decorated as they wished, with items and possessions that were important to them. Staff told us that by having familiar items and photographs in their rooms it helped make people feel comfortable and at ease. Comments within a recent resident's survey included, 'People [staff] are very helpful' and 'It's just very nice, I don't feel uncomfortable'. A comment within a visitor's survey stated, 'All staff have made us welcome and we can't fault the home. They're looked after so well".

Observations of staffs' interactions showed that these were warm and positive. It was evident that the registered manager and staff understood people's conditions and the impact this might have on their ability to retain information. Measures were taken to allocate staff to certain floors of the home. The registered manager explained that this was to help, not only with continuity of care, but to ensure that people, even though they might not remember the staff member's name, would be supported by a familiar face. It was apparent that people were happy in the presence of staff and willingly accepted support from staff that were only too-happy to offer assistance. Staff knew people well and adapted their support to ensure that people were supported and cared for in a person-centred way. Caring and loving interactions were observed, with people who welcomed this type of support, and staff were observed offering people hugs or gently holding people's hands. Some people were observed sharing jokes and laughter with staff and engaging in banter. There was a warm, loving, fun and inclusive atmosphere within the home. Staff told us how much they enjoyed working at the home and how much people meant to them and this was demonstrated within their practice. One person told us, "I recently lost my husband and this place has been my saviour. The staff are all so kind and cheerful, the days seem to fly-by".

Outside of peak times, staff took time to listen and talk with people. Staff adapted their communication and support and showed a good understanding of how to support people according to their needs and

conditions. For example, observations showed a member of staff encouraging a person to have a drink, however, the person continually refused. The member of staff was aware that the person needed to have regular drinks and was overheard saying to them, 'I fancy a drink, will you join me?' to which the person agreed and they both enjoyed a shared conversation whilst having their drinks.

Staff knew people and their relatives well. Information about people's lives, backgrounds, interests, employment and preferences had been gathered to enable staff to have an understanding of what people's lives were like before they moved into the home. One person's care plan informed staff that the person enjoyed watching old films. Observations demonstrated that staff knew this about the person and had looked for an old film on the television. Observations showed that the person was engaged and looked as if they were enjoying watching the film. Another observation demonstrated that staff were aware of one person's choice of music and they were seen dancing with the person to their favourite music.

People were encouraged and able to keep in contact with their family and friends. There was a warm, relaxed and homely atmosphere and people and their relatives told us that visitors were welcomed. Positive relationships had developed amongst people. Observations during lunch showed people engaging in conversations with one another as well as with staff. People's independence was promoted and encouraged. People could choose how they spent their time, some spending time in the communal areas of the home, whilst others preferred their own space in their rooms or quieter areas of the home. Observations showed that people were able to move freely within the home and equipment such as mobility aids or aids to support people to eat and drink independently were used to promote and maintain people's skills and independence. One person told us, "I am an independent person and I know the carers are aware of this. They are always polite and they treat me with respect and never intrude. They are all marvellous".

People were involved in the running of the home. Regular residents' meetings took place to enable people to share their ideas and be kept informed of changes. The registered manager used this time to further seek people's feedback. Records of meetings showed that people had been asked questions about their experiences such as if the home was warm enough for them, what they liked to listen to on the radio or watch on the television as well as their preferences for entertainment, drinks and food. People told us and records showed that people's feedback was valued and listened to and that when people had made suggestions these were acted upon. The registered manager acknowledged that people and relatives might prefer to share their views and concerns in a different way and regular questionnaires had been sent to gain their feedback. When people required additional support to share their views and concerns they had access to advocacy services. Records for one person showed that the registered manager had contacted an advocate to act on a person's behalf when there were issues related to a person's health. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People were treated with respect and dignity. Staff took time to explain their actions and involve people in the care that was being provided. Staff were fully aware of the impact receiving support, particularly with aspects of people's personal care needs, could have on a person's dignity. Observations showed staff knocking on people's doors and waiting for a reply before entering their rooms and gaining people's consent before supporting them with tasks. Staff attended to people's needs in a sensitive and discreet manner and people told us that staff always promoted their privacy and dignity. People's wishes, with regards to their preferences of male or female care staff, was ascertained and respected. A relative told us, "Despite my relative's recent decline in health, staff still respect their dignity". Information held about people was kept confidential, records were stored in locked cupboards and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained.

People's diversity was respected and staff adapted their approach to meet people's needs and preferences. One person, whose first language was not English, had been allocated a member of staff who spoke the same language as them. Observations demonstrated that the member of staff offered explanations and communicated with the person, reducing their anxiety. Care plans considered people's religious and spiritual needs and measures had been taken to ensure that people, with different faiths, had access to places of worship.

Good

Is the service responsive?

Our findings

People and relatives told us about a personalised service that was responsive to people's individual needs. Observations showed that people mattered and staff spoke fondly of the people they cared for. A person told us, "I think this place is perfect, the whole experience".

Following an assessment of people's needs, care plans had been devised that contained specific information about people's skills, abilities and needs in relation to their physical, mental, emotional and social well-being. People were involved in the development of care plans to ensure that they were person-centred and reflected the person's wishes and aspirations. One person told us, "I was originally involved with the preparation of my care plan, but I have been here for quite a long time now so it has changed and evolved over time. They have got to understand me now and to know my likes and dislikes. My needs are changing all the time and I am satisfied that they react to that".

Additional documentation contained information on people's preferences and life histories, providing staff with information to enable them to develop and build relationships with people. Observations showed that staff knew people extremely well and engaged in conversations with people about their interests. Care plans were reviewed on a monthly basis or when changes occurred to ensure that there was current and up-to-date guidance available to assist staff to meet people's preferences and needs. People told us that they were able to share their views about their care and that staff ensured that their wishes were listened to. One person told us, "It is only a simple thing, but it is typical of what I mean. Some time ago I asked one of the carers, who had brought me a cup of tea, if I could have a bag of crisps. From that day onwards they bring me a bag of crisps with my morning cup of tea. I can't tell you how happy that simple act of kindness means to me".

People's enjoyment and interaction was at the forefront of the management teams' and staff's approach. People were not at risk of social isolation and enjoyed access to a range of activities and stimulation. Links had been established with the local community to enable people to maintain contact with life outside of the home. Students from a college regularly visited the home to enjoy meals with people and there were plans to support some people to enjoy a trip out for fish and chips. In addition, agreements had been made with a local nursery so that people could enjoy regular visits from the nursery children. Observations showed people engaging in meaningful and friendly conversations. One person and a member of staff were reading a newspaper together and were looking at an article about the Royal family. This topic sparked a conversation and the person was able to reminisce about past Royal events. Another person had a love of gardening and the registered manager had organised for the person to have a garden shed, with tools and a small area in the garden for them to tend to plants. The person told us, "I love being outdoors and planting flowers. I have a shed out in the back which they [provider] have given me".

The management team had installed an interactive television so that people and staff could access the internet, films, television programmes and music. Observations showed one person and a member of staff selecting some rock-n-roll music. The person clearly loved this type of music and was able to enjoy dancing to the music whilst staff and other people watched. This created a spontaneous, lively and fun atmosphere.

Staff were mindful of creating different opportunities for people and there was an assortment of different resources that people could access and use to occupy their time, as well as a wide range of group activities and entertainment. There were clubs that people could join, such as 'knit and natter' and a 'Gentleman's club'. Planned film showings were shown in the communal area of the home for people to go to and enjoy. The registered manager had recognised the enjoyment and therapeutic benefits that animals and pets could provide. The home was 'home' to resident birds, fish, a rabbit, who lived inside for people to enjoy, and a cat. Staff told us that one person, who found it hard to interact and engage with others, opened-up when caring and tending to the cat as it reminded them of a cat that they used to have in their younger years. Observations showed other people watching the cat and stroking it. It was apparent that this brought people joy as they were seen to be smiling.

Observations showed one member of staff, who used to be a concert pianist, playing an impromptu piece on the piano and people were commenting on how well the member of staff played and how beautiful the music was. One person told us, "The home has a person to organise things every day. There is a notice board of the programme. They are really good and I usually attend. They are also willing to take suggestions of anything an individual would like to do, so we get a variety of things to enjoy. It works out that there is more than enough to do in the day". Another person who had participated in an arts and crafts session was overheard saying, "What a lovely morning that has been. It has cheered me up no end".

Friendships had developed between people and they were encouraged and enabled to maintain contact with family and friends. A relative told us, "My relative has made lots of friends and is well looked after". Observations showed one person using the office telephone to speak to a relative. People were provided with a call bell so that they could call for assistance from staff. They told us that they had timely access to assistance and told us that when they used their call bells staff responded promptly. For people who were unable to use a call bell, due to their capacity and understanding, pressure mats were used so that when people mobilised staff were alerted and could go to the person to offer assistance. Regular residents' meetings provided a forum for people to make their feelings known. People told us and records confirmed, that people were able to speak freely and air their views and concerns. People were informed of their right to make a complaint when they first moved into the home and posters were displayed throughout the home. Complaints that had been made had been dealt with in accordance with the provider's policy and demonstrated that the provider was transparent and open with people who used the service. The management team and staff demonstrated a reflective approach to their practice and were constantly reviewing how they worked and learned from instances. For example, in response to a safeguarding concern, changes had been made when people who stayed on respite at the home, moved from the service. People told us that they knew how to make a complaint and would feel comfortable doing so, without the worry of any repercussions to their care. Comments included, "I have not had to make a complaint yet but I do know how. The staff are lovely; the house is kept clean as are my clothes. The food is excellent and we have good entertainment. What do you think I have to complain about"?

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 25 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had ensured people's communication needs had been identified and met. Staff told us this was looked at as part of people's initial assessments and formed their plans of care. Care plans contained details of the best way to communicate with people. Information for people and their relatives, if required, could be created in such a way so as to meet their needs and in accessible formats to help them understand the care available to them. Staff told us and observations confirmed that information had been adapted to support people to communicate. This included the use of flash cards as well as photographs of food to support people to choose their meals. Records for one person

showed that the registered manager had contacted an external healthcare professional to ask if the information they had supplied could be provided in an easy-read version so that the person could understand.

People received good end of life care and were supported throughout their death by caring staff that respected people's wishes and maintained their comfort and dignity. Staff were competent and had received training and advice from external health care professionals as well as local hospices to ensure their knowledge and skills were current. Some people had chosen not to discuss or plan for the end of their lives, whilst others had this planned and documented in their care plans. Records for one person showed that their expressed wishes had been respected and honoured, their relatives had been involved and they had received the end of life care they had chosen. The registered manager took precautions to ensure that they were prepared for people's conditions deteriorating, equipment had been hired and anticipatory medicines had been prescribed and were stored at the home should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Good

Is the service well-led?

Our findings

At the previous inspection on 14 and 17 February 2017 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were concerns with regards to the accurate completion of records and the failure to implement actions from audits that had been conducted. In addition, due to staffing parameters set by the provider, the registered manager had limited flexibility to adapt staffing levels in response to people's changing needs. This had not been identified or addressed by the provider. Subsequent to the inspection the provider wrote to inform us of how they would meet the regulation. At this inspection improvements had been made and the provider was no longer in breach of the regulation.

At this inspection people's needs had been assessed before they moved into the home and on an on-going basis and consideration had been made to the needs of other people who already resided at the home. This meant that the registered manager was assured that staff could safely and effectively meet people's needs. Staffing levels had increased to allow for more flexibility to meet people's changing needs and to ensure that there were sufficient staff. One member of staff told us, "I think it is great. It is the best staffed place I have worked in". The completion of records had improved. Staff were tasked with completing various forms to document the care that people had received. Records showed that not all records had been completed, such as people's topical cream application charts. However, other records to document people's care indicated that people had received support from staff to apply their creams and that staff had just not completed this on the separate form. The registered manager had worked to improve this and records of staff meetings showed that this had been raised and discussed with the staff team.

People, relatives, staff and healthcare professionals told us that they thought the home was well-led. A member of staff told us, "The manager and deputy manager are really supportive and the door is always open". Another member of staff told us, "I like working here I wouldn't stay if I didn't". External healthcare professionals were positive about the leadership and management of the home and acknowledged that improvements had been made. One healthcare professional told us, "I feel that the manager has become more relaxed due to the reduced pressure of staffing levels. Since the manager has had more support from their manager to complete assessments and reviews, there has been an immediate effect on staff morale and stress levels"

Elizabeth House is one of a group of services owned by a national provider, Shaw Healthcare Limited. It is a purpose-built building with accommodation provided over three floors which are divided into smaller units of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge. The management team were experienced and held appropriate management qualifications. This helped ensure that staff felt supported and equipped to support people effectively. Staff told us and observations showed, that management had a visible presence in the home to ensure that both people and staff knew who to approach if they had any queries or concerns. There was a management hierarchy which enabled staff to be supported and supervised by team leaders who worked alongside them to meet people's needs. In addition, there was a deputy manager and an operations manager who regularly visited the home to conduct quality assurance audits and to offer support. The home had a registered manager. A registered manager is a

'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 home is run.

The provider had a clear set of values that promoted a caring and person-centred approach. The registered manager ensured that this was embedded in staff's practice and people were treated with compassion, dignity, equality and respect. There was a friendly, warm and lively atmosphere and people, relatives and staff commented that this is what made the home feel like a 'home'. A comment within a recent residents' survey, stated, "Very homely, like home from home". Staff told us that they were involved and kept informed of any changes within the organisation and that they felt valued. Records demonstrated that the provider was open and transparent with staff, regardless of their roles, through a range of regular meetings. Staff had access to regular one-to-one meetings with their managers and told us that they could approach management at any time if they had any concerns or needed further support. Staff were provided with regular feedback on their practice to enable them to reflect on and develop their knowledge and skills to improve the support that people received. The provider demonstrated a caring approach with regards to staff's well-being and staff had access to an employee assistance programme.

The provider demonstrated their awareness of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. A relative told us, "The carers and manager always go the extra mile to communicate with us about our relative. They are proactive and keep us informed". Records showed that people had been informed, within residents' meetings, of changes that were occurring within the home and had been involved in planning and contributing to any changes that were going to occur. Other records showed that people and their relatives or representatives, if appropriate, were informed if people's health needs or condition had changed. The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.

People's right to privacy was respected and information held about people, within both manual and electronic records, were stored and passed to other professionals appropriately. Electronic quality management systems, which included quality of life audits, were conducted by the registered manager and other external senior managers and were monitored by the provider's quality team. Action plans as a result of the audits were implemented and monitored to ensure that any improvements that needed to be made were completed appropriately and in a timely manner. The local authority also undertook their own quality monitoring visits to ensure that the home was a safe and suitable place for people to live. Staff were encouraged to identify areas that could be improved upon and were encouraged to share these within regular staff meetings. In addition to this, a whistleblowing policy informed staff of their responsibilities to raise any concerns. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace. There were good systems and processes in place to ensure that the home was able to operate effectively and to make sure that the practices of staff were meeting people's needs.

The registered manager was extremely proactive and had developed good links with the local community and had taken the opportunity to make contact with local charities to help raise funds for the home to improve the facilities and opportunities available to people. The registered manager had recently applied and been awarded a grant to use on items and memorabilia to assist people to reminisce. They had plans to create 'a walk through time' where the décor of the main communal area known as 'The street' would be decorated to demonstrate the different decades. There were plans to develop links with the local community further, such as welcoming in a local school. The registered manager told us, "It's not just about us going out, its people coming in too". Relationships with external healthcare professionals and local

authorities had been developed to ensure that people received a coordinated approach and service.