

RG Care Homes limited

# ST ELIZABETH

## Inspection report

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Southampton  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Elizabeth is a residential care home providing personal care for up to 17 people aged 65 and over who may be living with dementia. At the time of the inspection there were 12 people living at the home.

The home accommodates people in one adapted building with two floors. There is a range of living areas. Bedrooms are spread across two floors; some have ensuite and some have shared bathroom facilities.

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

The service had made improvements to risk assessment processes and management systems which meant people were protected from the risk of avoidable harm. Staff had a good awareness of types of abuse, incidents they should report and how to provide safe support for people. People received their medicines as prescribed and infection control practices were robust.

The service worked with other healthcare organisations to ensure people had support to meet their physical and mental health needs. 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.

Staff were caring and compassionate. People were treated with kindness and respect. Staff understood how to promote independence and meet people's individual needs. People described staff as "very good" and "lovely".

There had been improvements to the activities available to people so that they were more personalised. Staff had more time to spend one-to-one with people, to prevent anxiety or distress and to keep people occupied. There had been no formal complaints in the past 12 months. People and their families were asked for their feedback regularly and were kept up to date.

Staff understood how to provide compassionate end of life care and knew people well, though advanced care plans were not detailed. This continued to be a recommendation for the provider to implement best practice.

The provider had improved connections with the local community and other stakeholders, particularly during the pandemic. There had been considerable improvements to the quality assurance in the service which meant any issues had been identified and there was a clear plan of action for continuous improvement. Staff, people and relatives fed back positively about the provider, the manager and the senior staff and felt there was a positive culture in the home.

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

## Rating at last inspection and update

The last rating for this service was requires improvement (published 1 May 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

## Why we inspected

At the last inspection of the service breaches of legal requirements were identified relating to person-centred care; need for consent; safe care and treatment; good governance and staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We met with the provider and directed them to support available to make the required improvements.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Elizabeth on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# ST ELIZABETH

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

St Elizabeth 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.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of the inspection the previous manager had left, a new manager was in place who had applied to be registered. They will be referred to as "the manager" in this report.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, senior care worker, care worker and one of the cooks. We observed how staff interacted with people and how people were supported during a mealtime.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from three professionals who worked with 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we found the service had failed to fully assess people's risks and implement support plans which minimised these risks, putting people at risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 12.

- Risks to people were appropriately assessed. Since the last inspection, there had been improvements in how risks were assessed using evidence-based tools. There was improved detail in support plans, including consideration of risks related to behaviours which may challenge, and how staff could support people with this.
- Staff understood risks to people and new how to support them in a safe way. We identified some aspects of care plans could be simplified to remove out of date information which had been updated with new information or bring together aspects of risk management into a clearer plan. Reviewing risk assessments and care plans had been identified as part of the service improvement plan.
- Health and safety, environmental and fire risks were assessed appropriately and had robust management plans in place. Since the last inspection the provider had made changes to documentation and allocated lead roles which had benefitted the consistency and clarity of this.

### Using medicines safely

At the last inspection we identified that medicines management was not safe. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management of medicines had been improved since the last inspection. There was good oversight of medicines to quickly identify any concerns and address them. People received their medicines as prescribed and in a safe way.
- Where a person had a care plan in place to support giving covert medicines, this was managed in the least restrictive way and in the person's best interest. Staff giving medicines understood why and how this care plan was applied.
- Staff were competent and confident to deliver medicines in line with people's needs. Staff understood when to escalate if someone needed a review of their medicines.

## Preventing and controlling infection

At the last inspection we found infection control procedures were not consistently applied or followed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

## Staffing and recruitment

At the last inspection we found there were not sufficient numbers of suitable staff deployed to keep people safe and meet their needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

- Staff told us there were enough staff to support people safely. The provider had recruited cooks to free up additional staff time at mealtimes. We observed the availability and deployment of staff had improved since the last inspection.
- Staff had a good system of handing over information and responsibilities quickly to ensure there was always a member of staff available in living areas. We observed staff respond quickly and appropriately to meet people's needs.
- Recruitment processes were robust and ensured prospective staff were suitable to work with people. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Systems and processes to safeguard people from the risk of abuse

- The service had appropriate safeguarding policies in place, it may benefit staff to rationalise the documents into a more succinct single document, or a clear policy and easy to read procedure.

- Staff had a good understanding of safeguarding; they knew potential signs of abuse to look for and how to report any concerns. They felt concerns would be taken seriously and investigated and understood how to escalate issues if they were not resolved.

#### Learning lessons when things go wrong

- There was a clear system for reporting incidents, including falls and incidents involving behaviour which may challenge. People's support plans were updated following incidents, and staff shared learning from issues which had arisen or when things had gone well.
- The service had implemented "ABC" observations to look at causes and themes around behaviour related incidents to adapt care and support for people.
- We saw actions had been taken in response to a choking incident to improve staff training and awareness, as well as implementing the international standard food consistency guidance.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found people's capacity to consent to decisions had not been assessed where appropriate and the principles of the MCA had not been applied. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- Consent to care and support was sought in line with the principles of the MCA. Staff had a good understanding of mental capacity and offering choices, giving people maximum choice and control of their lives.
- Where people may lack capacity to make specific decisions, this had been assessed. Appropriate people had been involved in making any decisions in people's best interests. DoLS applications had been made appropriately and kept up to date.

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

At the last inspection we found reasonable adaptation had not been made to the premises to meet people's needs relating to their dementia to enable them to maintain their independence. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 9.

- The provider had made improvements to the building in line with issues highlighted in the previous report. There was more consideration of how spaces were used to enable social interaction, a good eating experience and safe visits.
- Improvements to the décor and signage had been made in line with dementia friendly principles. The service had recently re-reviewed this in line with an evidence-based tool and had a plan to make further improvements.

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

At the last inspection we recommended the provider ensure care and support plans are reviewed in line with current best practice guidelines.

At this inspection we found improvements had been made in line with this recommendation.

- The manager kept up to date with new guidance and ensured this was applied in the service.
- Evidence-based tools were used, where appropriate, to assess people's risks. These were applied in line with NICE guidance; such as the malnutrition universal screening tool (MUST) for nutrition and 'Waterlow' tool for pressure ulcer risk.
- People's physical, mental and social needs were holistically assessed and planned for in line with national guidance. Improvements had been made in line with best practice related to people's eating and drinking, managing behaviour which may challenge and supporting people with dementia.
- We saw that people had been supported to achieve good outcomes, such as gaining weight where needed. One family member told us their relative's mobility had improved, as had their mood and behaviour which may challenge. They told us, "They worked with us to work out what the triggers are and work differently. [Person's] mobility was bad, she could hardly walk and now she is whizzing round."

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

At the last inspection we recommended the provider seeks support to ensure people have access to dental services on a regular basis.

At this inspection we found the provider had acted on this recommendation.

- The service had a good relationship with the local GP and other healthcare services to ensure people's needs were met in a consistent and timely way.
- People's wellbeing was considered in all aspects of their care. People were supported and encouraged to be active, such as going for walks in the local area. Where someone's needs had changed, staff knew when and where to escalate to ensure their needs were met.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and had the required skills to provide effective support for people. The manager had identified some areas where improvements could be made to training provided, such as increasing training in behaviour which may challenge. However, staff understood the basic principles and knew people well, and so were able to provide effective support in this area.
- New staff had support to get to know the role and the people they were supporting. Staff completed a range of training in line with statutory responsibilities and in line with people's needs.
- Some training was out of date due to restrictions during the pandemic, however this had been identified on the service improvement plan with clear actions to address.

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

- Improvements had been made in how people were supported with eating and drinking. People were supported to eat and drink enough. Staff were knowledgeable about people's individual needs and preferences.
- People told us they liked the food and were offered choices and alternatives. Staff offered sauces and seasoning to ensure people enjoyed their food and regularly asked people for feedback about the food.
- People's risk of malnutrition, and other risks, such as choking were assessed. The cook understood how to adapt diets to people's needs, such as one person who had unstable diabetes, or others who were at risk of malnutrition. We observed staff following up on those who had not eaten or drunk enough and making sure they were supported appropriately. One person, who had been underweight on arrival at the service, had put on weight with an appropriate, high calorie diet.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

On the last inspection we recommended staff were given additional training, support and supervision to ensure they understand how to promote people's independence and consistently treat people in a respectful way.

At this inspection we found the provider had acted on our recommendation.

- Most staff were mindful of privacy and dignity. We observed two occasions of where staff spoke in a raised volume about private issues, such as using the toilet or what a medication was for which could be managed more mindfully. This was highlighted to the manager who agreed to discuss this with staff.
- People who preferred their own company and more privacy were supported to have their own space and had one-to-one time with staff to prevent isolation.
- Care plans promoted independence and identified how to support maintaining people's dignity. Staff encouraged people to be active and as independent as possible.

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

- At the last inspection we observed occasions where staff talked about people in a disrespectful manner. At this inspection we observed staff treated people with respect. People described staff as "lovely" and "very good". One person said, "They can't work harder. Look at the hours [staff] put in."
- Staff consistently acted with kindness and compassion towards people. Staff were passionate about their jobs and treated people as if they were family. One relative told us, "A member of staff said they'd come in on their day off and give [loved one] flowers [for their birthday], they go above and beyond."
- We observed staff being responsive to people's needs and any distress. Staff understood how people expressed concern, anxiety or pain and were able to respond to this appropriately. Staff adapted their approach to meet people's communication and other needs.

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

- People were involved in making decisions about their day-to-day care and were given choices, for example, what to do, what to eat and what to wear.
- People were given information and were kept up to date with things which affected them, such as information related to COVID-19.
- Families told us they were involved and kept up to date. We saw that staff regularly reviewed people's care

plans with them and discussed options with people's loved ones, where appropriate.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At the last inspection we recommended the service implemented best practice around advanced care planning.

At this inspection we found the provider had taken some action, including further training for some staff, however further action was needed to ensure advanced care plans were detailed and reflected people's wishes around end of life care.

- At the time of the inspection no-one was receiving end of life care.
- People's care plans reflected their spiritual views, and whether they had funeral plans in place. Care plans did not reflect advanced care planning guidance as they lacked detail of people's wishes related to hospital admission or specific wishes related to end of life care, such as where they would want to be or who is important to them.
- Staff had a good understanding of what good end of life care looked like. Staff knew people well and had good relationships with their families. The service had facilitated family to be present at the end of a person's life during the pandemic, in line with national guidance and good practice.

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

At the last inspection, we found people's needs were not being met as they did not have sufficient activity which was person-centred and engaging. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 9.

- There were a range of activities available to support people to remain active and occupied. Activities had been adapted to be more reflective of people's individual needs and preferences. Some activities had been reduced due to the COVID-19 restrictions; however staff had adapted to keep people occupied and help them stay in touch with loved ones.
- Staff were seen to be talking and reminiscing with people which put them at ease and reduced their anxiety. As COVID-19 restrictions had eased the service encouraged people to get out of the home for walks

in the local area and were planning events, such as a garden party, for the summer. This was an area the manager wanted to further develop and a new member of staff had been identified as activity lead to support this.

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

- Care plans were personalised to reflect people's individual personality, preferences and the way they wanted to be supported.
- Staff understood people's individual needs, their likes and dislikes and adapted their approach based on each person.

Meeting people's communication needs

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

- The service provided information in a way people could understand, such as using large print, colours and pictures. No-one in the home had additional needs, such as a language barrier. Staff used pictures and written communication, as well as verbal communication with one person with significant hearing loss.

Improving care quality in response to complaints or concerns

- There were no complaints in the past 12 months. The manager had implemented a 'residents' meeting' to gain people's feedback and had plans to improve information for people on how to raise a concern in a way which would not 'put them off'.
- Families told us they felt confident to raise any concerns.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found there was a lack of robust quality assurance measures which meant people were at risk from poor quality care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- There was a good governance framework in the home which enabled the service to review the quality of care. This was being further strengthened to ensure people's views informed service improvements.
- Though there had been changes in management, staff felt there had been good oversight and continuity throughout.
- Some aspects of record keeping required further improvement, for example, to ensure care plans were simplified and clear. However, some improvements had already been made and there was a clear plan of action in place.

Working in partnership with others

At the last inspection we recommended that the provider utilise existing local networks and build connections in the community to share learning and good practice and to develop skills and knowledge.

At this inspection we found the provider had acted on this recommendation and made improvements.

- The service had improved partnership working, particularly during the COVID-19 pandemic, so the home was well supported and engaged with local partners. The provider had developed a good network of other professionals to give guidance and advice.
- The service had engaged with quality and safeguarding teams following the last inspection to implement improvements and develop the leadership and governance of the service.

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

- There were clear values within the home which promoted person-centred, compassionate care. Staff were positive about their jobs and would recommend the home as a place to work. One member of staff told us, "I Love my job. It is amazing, amazing colleagues. I couldn't fault it."
- Staff we spoke with felt there was a positive culture in the home and felt supported by the managers, provider and their colleagues. One member of staff said, "We are a family here. There is really good support from colleagues."

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

- The manager understood duty of candour and their obligation to be open and honest with people.

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

- People, their families and staff all reflected that they felt involved in the service. The manager had implemented a 'residents' meeting' and had plans to further improve formal communications with families, such as a newsletter.
- Families told us they were kept up to date with changes in the home and were contacted regularly about their loved ones. One relative told us, "They are brilliant. It's been seamless. We have been kept up to date on everything."

Continuous learning and improving care

- There had been substantial improvements in the home since the previous inspection and there was a clear service improvement and business development plan to support continuous learning and improvement going forward.