

Care South

Elizabeth House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elizabeth House is a purpose-built residential care home providing personal and accommodation for up to 43 older people. They were providing care and support to 38 people at the time of inspection.

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

Improvements had been made to the processes for the understanding and recording of consent. There were clear, embedded practices in place. 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.

There were enough staff on duty. However, we did receive some mixed feedback about staffing levels. Changes to the mandatory requirements of vaccinations for care workers in England had proved to be challenging for the home. The manager and regional operations manager told us they would keep this under continual review.

People, their relatives and staff told us Elizabeth House was a safe place to be. People's care and support were helped by robust risk assessments which enabled them to live their life the in a safe way. Staff had a good understanding of safeguarding and there were clear reporting procedures both within the home and outside. The home had made all necessary referrals to ensure people were protected from harm.

Medicines were managed safely, and environmental checks ensured people could enjoy their surroundings and be safe and comfortable. Lessons were learned and there was a continual improvement plan in place. People were supported by staff who were recruited safely and well trained. Staff had the opportunity to discuss their work within formal supervisions and felt they could request support at any time.

People were offered the foods and drinks they enjoyed. Access to healthcare was available and input was regular. Health and social care professionals who worked with the service were complimentary. Specialist and routine healthcare appointments were sought in a timely manner.

Quality assurance systems operated effectively within the home. Audits monitored all aspects of the care, support and home's operation. The manager was supported by an established team, well thought of by all and seen as approachable and reliable. Staff felt proud to work at Elizabeth House and told us they were one big family, putting people at the centre of all they did.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 September 2019) and there was a breach of regulation. 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

We carried out an unannounced comprehensive inspection of this service on 9 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elizabeth House on our website at www.cqc.org.uk.

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.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elizabeth House

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

The inspection was carried out by one inspector and an Expert 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.

Service and service type

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.

The service did not have a manager registered with the Care Quality Commission. However, the application for registered manager had been submitted and was in progress. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 safeguarding and service improvement teams. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with 16 members of staff including the manager, regional operations manager, administrator, care team leader, care workers and the chef. We made general observations throughout the day of the interactions between people and staff.

We reviewed a range of records. This included five people's care records and three medication records. We looked at three 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 received feedback from three health and social care professionals who regularly visit 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff on duty. However, some feedback we received suggested that, at times, this was not the case which meant staff could not spend as much time with people as they wanted. We raised this with the manager and regional operations manager who told us they would continually look at staffing levels involving other team members in assessing needs.
- The home had a recruitment process and checks were in place. These demonstrated staff had the skills, knowledge and character needed to care for people. Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us Elizabeth House was a safe place to live. Some comments we received were: "My loved one [name] definitely feels safe there", "My relative has had excellent care. From the pre-admission the support has been excellent", "We are there to keep them [people] safe and well, we are checking on them", "I feel safe here, they are all lovely."
- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them within the home and outside.
- The home had a system in place for identifying and discussing safeguarding concerns. Referrals had been made to the local authority where appropriate. The manager understood their responsibilities to raise concerns and keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all of their care and support. This included individual risk assessments for specific needs, for example, a short-term assessment for a temporary medicine.
- Risk assessments gave clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks. A staff member told us, "Staff are attentive to the residents and there are risk assessments in place when needed."
- Accidents and incidents were recorded and analysed monthly. The registered manager had ongoing conversations and checks on falls and general incidents within the home and had made referrals where necessary.
- Learning was important to the home and they achieved this with the support of their quality team and by having an overall service improvement plan.
- Fire safety, maintenance and equipment checks were up to date. The maintenance officer told us they

undertook a wide range of checks and tests throughout the home. Records showed, where necessary, external maintenance professionals had visited the home.

Using medicines safely

- Medicines were managed safely. The home had arrangements for ordering, storage and disposal. Staff responsible for administering medicines had their competency assessed.
- The home had an electronic system for Medicine Administration Records (MAR) which had information about the person, their photograph, allergies and medical details.
- Prescribed creams and liquid medicines had recorded opening dates to ensure they were used effectively.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- 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 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.

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 our last inspection the provider had failed to appropriately assess people's capacity and to make necessary applications under the deprivation of liberty safeguards. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Improvements had been made and the home met the requirements of the MCA. Assessments had been carried out for people in relation to their care and support needs. This meant that people's rights were fully protected.
- MCA assessments had been completed and best interests' meetings for people were held. Records showed involvement of the person, family members, staff and professionals.
- Where people had given their family permission to make decisions on their behalf the correct legal paperwork was in place.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and meals.
- Staff had received training and were able to tell us when and why they would ask for consent.

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

- People had their needs assessed before they moved to Elizabeth House. Assessments formed the basis of their care plans. During the COVID-19 pandemic it had not always been possible to complete assessments face to face, so this was done remotely using technology.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and electronic records demonstrated plans had been created using good practice guidance. This was in relation to medicines, diabetes and dementia care.

Staff support: induction, training, skills and experience

- The home had an induction process for all new staff to follow, which included 'on the job' and online training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received support through supervisions and appraisals. These were regular and two-way conversations. Records showed they were comprehensive, discussions included performance and training needs.
- Staff had access to a varied programme of training, some training was updated annually or if it became necessary. Subjects included; fire safety, moving and handling and safeguarding.

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

- People were supported to have enough to eat and drink. Mealtimes were relaxed, sociable occasions. Tables were arranged into small groups, and people were offered a choice of drinks to have with their meal.
- People could choose an alternative if they didn't want what was on the menu. The chef told us people could have whatever they wanted if they changed their mind about their meal.
- People's preferences along with dietary needs are recorded and known by all staff. The chef had the information clearly displayed in the kitchen. Changes and specific dietary instructions such as safe swallow plans were displayed in the kitchen, so all staff were aware of individual needs.
- Staff offered people choices by showing them plated meals. This meant there was a visual aid to support people to choose.

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors and nurses.
- The registered manager and care team leader said they worked well with all professionals and were comfortable seeking their input when needed.
- People had a summary of care needs and risks. This 'snapshot' information could be used when transferring between services such as a hospital admission.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers. This meant that people were receiving the most up to date support to meet their health needs.
- Health and social care professionals were positive about how care was sought for people in a timely manner.

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

- Elizabeth House is an older style purpose-built building. Refurbishment improvements had been made since our last inspection. New bathrooms, flooring and accessibility improvements had been made.
- The registered manager told us that the home's upkeep was an ongoing project. People and staff told us it felt homely and warm.

- Rooms are decorated when vacant and as required. People are encouraged to bring in their own personal belongings with them; we noted many personal effects in people rooms.
- There was level access to the gardens and various different areas for people to enjoy in the warmer months. Large windows in a cosy conservatory offered people a view of the outdoors.

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; Continuous learning and improving care

- Improvements had been made to the monitoring and quality assurance processes within the home. They had been embedded into practice.
- Auditing systems were robust and stored on the provider's central system. This meant there were additional layers of oversight by the home, regionally and by the provider's quality team.
- Audits carried out were varied and ensured coverage of all aspects of the home. These included; medication, infection prevention and control and care plans.
- The quality assurance systems were used to drive continual improvement throughout the home and organisation.

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

- Staff told us they were proud to work at Elizabeth House. They felt supported by their colleagues and worked well as a team. Some comments we received were: "I am proud to work at Elizabeth House. I think we are a very caring home with very friendly staff and outlook and do our best for our residents", "The residents are wonderful. I am proud to be part of a great team", "I feel we are a great team who all support each other and our residents, ensuring they feel safe and happy. I am proud to be part of that", "I feel proud to work at Elizabeth House, we are a good team and the residents are kept safe."
- We received positive feedback about the management of the home. Some of the comments were: "We are all on friendly terms.", "If I have any concerns, I can discuss them with the manager [name] or the deputy manager", "The management of the home is very good. The manager [name] has been very good, they are approachable and is a great manager", "Our new home manager is very approachable and always has time to talk to you. They care about the home, service users and staff", "The manager [name] in my opinion is a very hands on manager. The manager [name] is always friendly to both residents and staff and always finds the time to make sure you are ok".

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Records confirmed the home had made all necessary referrals and notifications, for example, to the local authority and CQC.

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

- The home used surveys and an online feedback system to continually monitor the effectiveness and satisfaction of what they do. The surveys included staff and a recent feedback survey was positive.
- Staff told us they felt appreciated by both the management of the home and by the provider. One member of staff told us, "I picked up an extra shift my manager [name] said thank you, you're a star which made me feel that they appreciated me." Another member of staff said, "My manager's always made me feel and have told me that I am an important member of the care team; thanked me when I have done something they have asked me to do and I get recognised when I have achieved something good."
- There have been various restrictions to visiting during the COVID-19 pandemic. However, throughout this the home has kept relatives informed. People have been supported to keep in touch with loved ones via telephone, video call and have enjoyed face to face visits whilst observing safety measures.
- The home worked well with external professionals and we received positive feedback about their working relationships. One health professional told us, "I believe that we have worked extremely well over the last few years, staff are friendly, professional and inform us or GP with any concerns in timely manner. Several members of the team have stated they would happily have a family member reside there if needed." Another said, "I am very happy with the care and leadership of Elizabeth House."
- Elizabeth house is situated in a residential setting and well known in the local area. The provider makes links with outside agencies and organisations and this will be built upon when safety restrictions allow.