David Mitchell

Elizabethlodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 December 2016 and was unannounced.

Elizabeth Lodge is a care home that does not provide nursing. It provides support for up to 18 older people, some of whom are living with dementia. At the time of our inspection there were 16 people living at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicine records were not always kept appropriately.

People's care had been appropriately assessed and plans had been developed to ensure that staff met people's needs consistently and reduced and identified risks.

People confirmed they felt safe and that staff involved them in making decisions and staff knew people well.

Observation demonstrated people's consent was sought before staff provided care.

People described staff as lovely and caring. Staff treated people with respect and recognised the importance of promoting independence, dignity and privacy.

Staff demonstrated a good understanding of safeguarding people at risk. They were confident any concerns raised would be acted upon by management and knew what action to take if they were not.

Thorough recruitment checks were carried out and the provider ensured there were enough staff on duty to meet people's needs. Staff received an induction when they first started work which helped them to understand their roles and responsibilities. They felt supported through supervision and training.

People and their relatives knew how to make a complaint and these were managed in line with the provider's policy. Systems were in place to gather people's views and assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against the risk of abuse and felt safe in the home.

There were sufficient numbers of staff on duty to meet people's needs.

Safe recruitment practices were followed.

People's medicines were managed safely, medicine records were kept appropriately.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and given support when needed.

Staff treated people with kindness and respect. They demonstrated a good understanding of the importance of promoting independence, dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

Staff demonstrated how they had responded to peoples changing needs.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. However whilst the audits highlighted issues which had been addressed, they had not highlighted the issues with the medicines records we found at the inspection.

Due to the changes in systems the care plans had not been reviewed regularly however staff knew people well and there was a low staff turnover this reduced any risks.

Elizabethlodge

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 8 December 2016 and was unannounced. The inspection was carried out by an inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law). This Information helped us to identify and address potential areas of concern.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

During the inspection we spoke to two people living at the home. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home.

We also spoke with the registered manager, two care staff and the cook. We looked at the care records for two people and sampled another two. We also viewed the medicines administration records for 16 people. We reviewed three staff files in relation to their recruitment, supervisions and appraisals, and we viewed the staff training plan. We also looked at the staff duty rota for four weeks. We looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe and secure in the home. One person said, "I feel safe, the staff help me all they can" and another person commented, "Girls are very nice, if I had a worry I would talk to the boss [name]."

People's medicines were managed safely. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred. Medicines were stored safely and temperatures had been checked. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines.

However; although medicines administration records (MAR) were in place they had not always been completed as required. We looked at MAR's for all the people at the home for the period 10 November 2016 to 7 December 2016. For five people where 'as needed' medicines had been given staff had not recorded why they had been given and whether they were effective. Where there was a choice of 5ml to 10 mls of liquid medicines or one or two tablets required; staff had not recorded how much they had given. There were two gaps where there were no signatures to show whether a prescribed medicine had been administered. Whilst people were at risk of receiving too much medicine, there was no evidence to show that people had been affected by the lack of records for 'as required' medicines.

We discussed this issue with the manager at the time and they assured us that these concerns would be addressed. Following the inspection they sent us information showing how they were addressing these concerns with the staff.

Where prescribed medicines had been offered and refused or the person was asleep staff had recorded this and if they had offered it at a later time they recorded the time when it had been accepted.

Staff were trained and confirmed they understood the importance of safe administration of medicines. They explained to us that they had completed a day's training as well as online training and had been assessed regarding safety.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. There was a safeguarding policy in place which staff were required to read as part of their induction and ongoing training programme. Staff knew how to keep people safe and recognise signs and types of possible abuse. Staff said they believed reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff accurately talked through the action they would take to protect people if they identified or suspected potential abuse had taken place. Staff knew who to contact externally if they felt their concerns had not been dealt with appropriately by the provider.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and staff supporting them. This included environmental risks as well as risks associated with people's support needs and lifestyle choices. Assessments detailed the action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising people's

rights and independence.

General risk assessments had been carried out to assess risks associated with the home environment. These covered such areas as fire safety, the use of equipment, infection control and the management of hazardous substances. We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. We also noted all people had a personal emergency evacuation plan, which detailed the assistance they would need in the event of an urgent evacuation of the building.

Accidents and incidents were recorded and investigated to help prevent reoccurrence and analysed to see if there were any patterns.

There were enough staff to keep them safe and meet their needs. People confirmed there were sufficient staff on duty. We looked at documents relating to rotas and staffing. The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend chatting with people. During the inspection, we observed staff responded promptly to people's needs and had time to participate in an activity with them.

We saw staff records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). Documents viewed confirmed this. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

Relatives told us their loved ones received the care and support that met their needs and that staff carried out their duties effectively. For example, one relative said, "I'm more than happy with mum's care here, it's her home not a show house."

Induction training was provided for new staff and this involved them working alongside more experienced staff members. They did this to help them develop the required level of skills and knowledge to support people safely. A new member of staff confirmed they had competed their induction training before they worked independently. They also explained they had commenced working on the 'Skills for Care' Care Certificate to further support them in carrying out their role. The Care Certificate' is the standard employees working in adult social care should meet before they can safely work unsupervised. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us that the essential training they had completed such as moving and handling of people and infection control was good and provided them with the necessary skills to undertake their role. They told us some of their training could be updated easily with eLearning or workbooks which were sent away for marking. Other training such as medicines involved an assessment of their competencies.

One member of staff said, "I have been here 5 years. I have had in house training and also attended training from a trainer at a local college." Other staff told us they had received in house training on manual handling, food hygiene, infection control, fire, first aid and dementia.

Training information demonstrated staff had completed training in regards to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to explain to us about both the MCA and DoLS and had a good understanding of how to use them in their role.

We asked the registered manager about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the MCA and DoLS and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. DoLS referrals are made when decisions about depriving people of their liberty are required, to make sure people get the care and treatment they need in the least restrictive way.

New staff, as well as existing staff, had supervision meetings with the registered manager to discuss their ongoing work performance. These meetings provided staff with an opportunity to discuss personal development and training requirements. They also received yearly appraisals. Staff told us they handed over any information of concern about people to staff starting the next shift to ensure any risks associated with their care were managed.

People were supported with sufficient fluids. We observed the lunchtime meal. People were offered squash

or strawberry milkshake with their meals. Comments from people about the food included, "Food is fine I can have more." The cook told us that every meal was cooked fresh on the day it was to be eaten. The cook told us they were aware of who had soft foods and the meals we saw that had been softened looked as pleasant as the other meals served.

People did not always receive the support they needed with their meals. We observed that for most of the lunchtime period there were no staff in the lounge/ dining area. People were not always supported to eat their meal for example; one person was eating their lunch by stabbing pieces with their knife. Staff were not there to assist. Several half full plates were removed by staff with the comment, "Have you finished?" however, the food would have been cold by the time staff came back into the room.

We discussed this with the manager on the day and they assured us this was not the norm. We saw staff supporting people in the morning with drinks and we saw staff support people in the afternoon with their tea. Records and care plans also did not evidence that people were not receiving sufficient nutrition and food.

Staff spoken with had a good understanding of people's health care needs. All the people we spoke with told us; if they needed a doctor the staff team would make an appointment for them. We saw that other health professionals visited the service to support people's needs when needed. This included physiotherapists, chiropodists and opticians.

Good

Is the service caring?

Our findings

We asked people about living at the home and comments received included, "I like it, it's okay", "I go out with friends so that's good."

We observed humour and warmth from staff towards people using the service. People appeared comfortable in the company of staff and had developed positive relationships with them. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I love it here, the home is very welcoming. All the staff are dedicated to looking after people the best way they can."

There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to maintain and build their mobility. One member of staff told us it was important people remained as independent as possible in order to, "Promote people's sense of well-being and self-esteem."

People said they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. One person told us, "I like the home, the staff encourage me to do things and decide things for myself."

We saw people were involved in everyday decisions about their care such as where they sat, what they ate, and what drinks they would like. Some people were independent with some of their care so did not always require staff support.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. People were also able to express their views by means of daily conversations.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People's privacy and dignity was respected. Staff said although people needed staff to help ensure their

safety, they still allowed them time to be on their own and to have privacy when needed. Some people chose to spend time alone in their room and this choice was respected by the staff. If there were concerns about safety for example falls, then an alarm mat was put in place so the person could have their privacy however, staff would be alerted if there were concerns. We observed staff knocking on doors and waiting to enter during the inspection.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people or their families.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported.

Staff had a good knowledge of person centred care and were able to tell us what this meant. They knew the people they cared for well and the support they needed. Plans of care were personalised and reflected people's individual needs. For example, two sisters wanted to share a room as they had when they were children. The staff had arranged two rooms one as their bedroom the other as a lounge for them.

One person also invited us into their room and they chose to stay in their own room. They told us their wife also lived at the home and they used to visit each other for tea, we found the wife lying on her husband's bed in the afternoon he was in his chair and they were listening to the radio together. This helped her to relax and not walk around the home so much.

There was a complaints procedure in place and on display in the hallway. People knew who to speak to if they had any concerns or complaints. They told us they could talk to staff and felt listened to. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. This meant information on how to make a complaint was readily available to support people to know how to make complaint should they need to. No complaints had been made since our last visit.

Peoples care records and risk assessments were reviewed when incidents had occurred. We looked at the care records for two people and sampled two others. We saw that information for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. The manager assured us that if needs changed then care plans would be altered if needed, and all care plans were reviewed before transferring the information to the new system.

We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

Good

Is the service well-led?

Our findings

People told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The home runs smoothly and I see the manager every day. I can always talk to [them] and discuss anything if I want to" and "Nothing seems to be too much trouble."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear they had built a good rapport with them.

During the inspection, we spoke with the registered manager about the daily operation of the home. They were able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service.

The registered manager told us they were committed to the on-going improvement of the home. At the time of the inspection, they described their achievements over the last 12 months, which included the improvement of the environment with decorating, new furniture, introducing the new support planning system.

The staff members spoken with said communication with the registered manager and deputy manager was good and they felt supported to carry out their roles in caring for people. One member of staff told us, "The home runs very well, the managers are caring and approachable." Another member of staff commented, "The manager is dedicated and committed to making improvements. [They are] very willing to listen and respond to new ideas." All staff spoken with told us they were part of a strong team, who supported each other.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

We noted people and their relatives were regularly asked for their views on the service. As part of this, people were invited to complete a satisfaction questionnaire. The last survey was carried out during 2015. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. We noted several people had made positive comments about the service for instance one person had written, "Elizabeth Lodge is excellent and the staff are first class" and another person had stated, "The home is comfortable and friendly." The registered manager had given feedback along with the action taken to suggestions for improvement at the resident and family meetings.

The registered manager used various ways to monitor the quality of the service. These included audits of the medication systems, staff training, infection control and checks on mattresses, commodes and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required

standards.

The manager acknowledged that the current medicines audit had not highlighted the issues we had found. On the day they began to discuss with staff how the medicine records could be audited to ensure they were competed appropriately.

The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.