Eaveshill Ltd

Elizabeth Homes

Inspection report

Eaveshill Limited
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Elizabeth Homes is a residential care home for up to 30 older people including those with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is set out over two floors with communal areas and access to a large secure garden area.

The inspection took place on 19 and 24 April 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received appropriate training to ensure people were protected from avoidable harm and abuse. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

Assessments of risks associated with people's care and support and for their environment had been completed. Support plans provided information for staff and other health professionals to ensure people received safe care and support without undue restrictions in place.

The provider maintained safe staffing levels to meet people's needs. Staff recruitment included pre-employment checks that helped to ensure only suitable employees were recruited to work in the home.

Systems and processes ensured safe management of medicines and infection control.

People received appropriate care and support to meet their individual needs, because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider was committed to providing people with a positive caring partnership with staff who were clear about the importance of paying attention to people's wellbeing, privacy, dignity and independence.

The provider equipped staff with the skills and knowledge to appreciate and respond to the principles of equality and diversity. The provider ensured everybody received care and support that reflected their wishes and preferences and this information was recorded.

People continued to be involved in shaping their care and support. Records were evaluated for their effectiveness and amended to ensure they were up-to-date and reflective of the person's current needs. Support plans continued to be person-centred.

Staff supported people to live as they choose and to enjoy a variety of meaningful activities.

Systems and processes were in place to support people should they need to raise a complaint.

People, their relatives, staff and other health professionals were consulted and their views and feedback used to help shape the service and maintain high standards of care and support.

The quality assurance system remained effective. Oversight by the registered manager ensured outcomes were evaluated for their effectiveness with timely action implemented where improvements were required.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Elizabeth Homes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 19 and 24 April 2018 and was unannounced.

The inspection team consisted of one inspector.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team, and Healthwatch East Riding of Yorkshire. We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who were receiving a service and two visiting relatives. We spoke with four care workers, the activities coordinator, and the cook. We spoke with the nominated individual, the registered manager and the deputy manager, and with one visiting health professional.

We reviewed a range of records which included care plans and daily records for four people and four staff files. We checked staff training and supervision records and observed the medication round. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who worked there. One person said, "Yes, I had a fall in my previous home and wasn't found for quite some time; I feel safe here and I know I am in good hands." Staff had completed safeguarding training and understood the types of abuse to look out for and how to raise any concerns for investigation. Where concerns had been referred to the local authority, investigations had been completed. Resulting actions had been implemented to help keep people safe. A staff member said, "We follow good practice to maintain people's safety; any concerns would be reported and investigated. We discuss outcomes during team meetings to raise awareness and help keep people safe."

The home environment, equipment and utilities had been checked to ensure they remained safe to use. The provider had ensured any recommendations; maintenance or repairs were implemented in a timely way.

Prevention and control of infection was appropriately managed and staff had access to gloves and aprons. The provider discussed plans to ensure this equipment was kept in cupboards and not accessible to people in the home. This was to avoid the associated risks of choking by people who may inadvertently put gloves in their mouths. Cleaning rotas and schedules were in place and up-to-date.

People had received an assessment of their needs and this was recorded with any associated risks. Risk assessments were graded to ensure people received the right amount of safe care and support without unnecessary restrictions in place. A care worker said, "We have good information to ensure we support people according to their needs. If someone needs two care workers to safely mobilise then this is recorded, just the same as if they can mobilise on their own."

Staff had received fire safety training and told us they would be confident in an emergency situation. People's records included 'personal emergency evacuation plans', which ensured staff had information on how to evacuate them safely. The registered manager had sought guidance from the local fire service to ensure entry and access through fire doors kept people safe and ensured they were able to evacuate in times of an emergency.

The provider ensured safe recruitment practices were in place. Pre-employment checks had been completed before new staff started working with people. There were sufficient staff on duty to respond to and meet people's needs. One person said, "There is always enough staff; if I need anybody there is usually someone about." Staff told us there were enough staff to provide cover. We observed staff were able to provide people with quality time leading to a calm and relaxed environment. The registered manager said, "We don't need to rely on agency and haven't done for many years." This meant people received consistency of care from staff who they knew.

People were supported to take their medicines. Systems were in place for the safe management and administration of medicines. Staff had received up-to-date training and followed best practice guidance.

Good

Is the service effective?

Our findings

People and their relatives told us staff were well trained and had the skills needed to provide effective care and support. One person said, "They [staff] don't need telling what to do; they are very understanding." A relative told us, "Everybody is kind and very effective in what they do."

New employees shadowed existing staff and completed an induction to the home and with the people who lived there. Staff were supported with up-to-date training to ensure they had the right skills to meet people's needs. Staff told us, "We receive regular training and if we require any specific knowledge to support an individual then [registered manager's name] will always try and set something up." Staff received regular observations on their competency to provide people with appropriate care and support. Feedback was given and discussed during supervisions and annual appraisals. Staff told us, "Supervisions are an opportunity to have a two way conversation; if we are keen to progress our role then this is encouraged and supported."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA.

The provider had completed assessments to record people's capacity to make informed decisions about their care. Where restrictions were in place applications for DoLS approvals had been submitted to the local authority. Staff had received training in the MCA and understood the importance of supporting people's independence. One staff member said, "I would always assume somebody had capacity and would always offer them choices; their preferences are usually recorded in their care plans so even if they don't have capacity to verbally agree, we can ensure we follow their written wishes." Care records evidenced people's input and clearly documented their consent or that of their legal representative.

People were supported to eat and drink enough to maintain a balanced diet. Along with care records, a 'wipe board' in the kitchen provided up-to-date information to ensure staff were aware of any changes in people's dietary requirements. The cook said, "We cater for all needs and preferences; we are very flexible and like people to enjoy their food." Hot and cold drinks were available and people could eat where and when they chose. A range of adapted cups and cutlery was provided to assist people to eat independently. Staff provided additional support when this was required.

People confirmed they could access other health services to live healthier lives and maintain their wellbeing. A health professional told us, "The service is proactive in seeking and responding to our advice without undue delay." A local GP practice recorded, 'Annual visits supplement ongoing healthcare. Physical wellbeing is well met and this has been happening for several years.'

The home was in the process of being updated with new flooring and decoration. Signage assisted people living with dementia to navigate. The registered manager discussed further planned improvements

including the personalisation of the doors to people's bedrooms. People had safe access from a communal area to an enclosed outside garden with a summer house, seating and patio area.

Good

Is the service caring?

Our findings

Staff knew people and understood their individual needs. People responded positively when staff approached; often smiling and engaging in pleasant conversation. Staff were routinely attentive and took the time to provided people with reassurance and emotional support. A local GP practice recorded, 'Emotional wellbeing [by staff] is considered to be of the highest importance.' A relative told us, "It's not just [person's name] who staff care about; they look after me very well whenever I visit. It's a lovely home and I wouldn't want them to be anywhere else." One person commented, "Living away from home is different, but the staff are very caring, which makes all the difference."

People told us staff were respectful of their wishes when providing personal care. One person said, "I don't like to have a male carer so only female staff assist me; they are very considerate." Staff understood the importance of respecting people's dignity. Staff told us they maintained people's privacy by closing doors, ensuring only staff that needed to be present were present and that they ensured people could have time on their own when bathing as long as it was safe for them to do so.

Staff always knocked on people's bedroom doors and waited for agreement before entering. A staff member told us, "We treat people how we would want to be treated; it doesn't just stop with personal care. If a lady with a skirt requires hoisting we would cover their legs with a blanket. If the district nurse needs to check someone's bandages in a communal area we would ask them if they wanted to go to their room but if not, we would bring in the portable screen to make the visit private. At meal times we offer people dignity protectors to keep their clothes clean; dignity is part of everything we do."

There were no restrictions on visitors to the home. People were encouraged to maintain family involvement and we observed pleasant family interactions during the inspection. One relative told us, "I can have a meal when I visits with my husband; he has a double bed so I can stay over if I wish; it's how a care home should be." Another relative told us, "I am always made to feel welcome. There are always staff around or the manager to talk to; we are kept informed and have good communication."

Care plans included support for people from an advocacy service. Advocacy seeks to ensure people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Staff had completed training in equality and diversity. We were told people from all backgrounds were welcome at the service and steps were taken to ensure people were treated with dignity, respect and without discrimination. The provider ensured people's personal beliefs were supported.

The provider ensured information was stored securely with only those individuals who needed to, having access. Staff discussed the importance of not sharing information unless it was in the person's interest to maintain their safety or their health and wellbeing.

Good

Is the service responsive?

Our findings

Everybody living at the home had a care plan which provided staff with holistic information about the person, their background, needs, and how to support them. People told us, "We go through everything; a lady from the council comes in every year and it all gets updated" and, "They do ask me about my preferences and wishes; it's written down." Records had been signed by the person where they had capacity to do so to confirm their acceptance and agreement to the content. Where people did not have capacity best interest decisions had been held that included a person's legally appointed representative and advocate where this was required.

Daily records were used to record information including, weights, skin condition, falls, and food and liquid intake. This information was evaluated and included oversight from the registered manager. When concerns became apparent, the registered manager ensured guidance and input from other health professionals was sought. Where the care provided to people changed, staff were informed immediately as part of a handover meeting after each shift. Care records were updated when changes became apparent and evaluated monthly to ensure information was reflective of people's current needs.

People said they felt able to tell staff if anything needed changing or could be improved. This meant the provider could be responsive to any changes in people's support needs. One person said, "I always like to know what's going on and why; I always ask staff and they tell me. If I want to change something I can and they listen."

Each care plan included a 'personal profile' with details about the person's family life, interests, background and community involvement. Any routines, rituals, or beliefs that were followed by the person at any given point in the day were discussed and recorded. A care worker said, "There is a lot of good information available to build positive relationships with people."

A dedicated coordinator supported people to engage in activities and interests which were meaningful to them. People spoke highly of this and the positive impact it had on their daily living. The coordinator was present in the communal area throughout much of the day. They held a quiz, supported people with reminiscing, bingo, music events and were a focal point of contact for many people. The coordinator said, "We take people into the park, the local garden centre and on occasion the local pub when the weather is nice. We bring in outside entertainment and complete fundraising for other events."

We observed people assisting around the home with daily tasks. One person set out napkins and another assisted with some dusting. One person with an interest in gardening helped to maintain the garden area. Where people chose to remain in their bedrooms one to one support was available to ensure they remained free from social isolation.

A complaints policy was available in people's bedrooms and included guidance on how to complain and what to expect as a result. People confirmed they knew how to make a complaint. Records showed complaints and compliments had been managed appropriately.

The provider discussed people's wishes and preferences for end of life care. This and any advance decisions were documented in their care plans.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission. 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.

The registered manager had a clear understanding of their role and the regulatory requirements. Before the inspection we checked and found they had notified the CQC of certain important events as part of their registration. The registered manager was passionate about delivering high-quality care and support, and promoted a positive, person-centred culture to achieve good outcomes for people.

We received positive feedback about the registered manger, staff and the service throughout our inspection. Staff told us, "It's not like a normal job; I really enjoy working here and because it's a small home we are like a family" and, "We are very well supported; the manager is always available and is involved with everyday tasks; we can always rely on them for support if we need it."

The provider completed quality assurance checks and audits to remain compliant with regulatory requirements, maintain standards and identify any areas for improvement. Audits were completed in line with the provider's policy and associated records were up-to-date. The registered manager had full oversight of all checks and audits completed. Evaluations were completed and, where required, the registered manager was proactive in implementing timely action and improvement plans. The nominated individual was involved with and visited during our inspection. They spent time talking with people and further showed the caring ethos.

The provider maintained positive links with other health professionals and the community. Guidance was sought where required. Advice on best practice and improvement was assured from attendance by the registered manager at provider forums, and from research and professional bodies.

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire and a range of meetings including people and their relatives input. Feedback was evaluated and helped to ensure any required improvements were implemented. One staff member told us, "The home is based around the people who live here. They have regular input as do staff and relatives which means we are all involved." The registered manager showed us an outside cabin that had been built because of feedback. This meant people could spend time outside even in poor weather. Minutes of 'resident meetings' recorded discussions with people living at the home, and included their views and feedback. This included consultation on planned changes, home improvements, meal time arrangements and activities. This helped ensure people had good outcomes living at the home.