Mrs Vijay Ramnarain & Surendra Dev Lutchia & Mr Vivek Obheegadoo

Elizabeth House Residential Care Home

Inspection report

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Date of inspection visit: 14 January 2015
Date of publication: 21/04/2015

Ratings

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

Overall summary

This inspection took place on 14 January 2015. Elizabeth House Residential Care Home provides residential care for up to 16 older people, including people with dementia. On the day of our inspection 11 people were using the service.

The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected Elizabeth House Residential Care Home in July 2014 we found there were improvements needed in relation to how people gave consent to their care and treatment, care and welfare, safeguarding, supporting staff and assessing and monitoring the quality of the service. The provider sent us an action plan telling us they would make these improvements by January 2015. We found at this latest inspection that the provider had made some improvements in line with their action plan for safeguarding and supporting staff. However there were still improvements needed in relation to getting people's consent to care, care planning and how the quality of the service was being monitored.

Staff knew how to keep people safe and to raise any concerns if they suspected someone was at risk of harm or abuse. Staff understood the risks people could face through everyday living and how they needed to ensure their safety.

The staffing arrangements did not ensure there were sufficient staff on duty to meet people's needs.

People received their medicines as directed and these were administered in a sensitive manner. However they were not always stored as safely as they should be to keep them at their most effective.

People were not always protected under the Mental Capacity Act 2005 (MCA) which is in designed to protect people who lack capacity to make certain decisions because of illness or disability.

Staff received training and supervision so they knew how to provide people with safe and appropriate care.

People were encouraged to eat and drink well, and were supported with their healthcare needs. We observed people were treated with dignity and respect. People felt staff were kind and respectful to them.

People's care plans did not provide staff with the information they needed to support people appropriately and the service people received was not adequately monitored.

Summary of findings

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 not always safe.

People may not always get the care and support they require because there were insufficient staff to meet their needs.

People's medicines were not managed as safely as they could be with a lack of safe recording. However medicines were appropriately administered to people by staff who had been trained to do so.

People were protected from the risk of abuse because staff knew how to recognise and respond to any allegations or incidents that occurred.

Requires improvement

Is the service effective?
The service was not always effective.

People were not properly supported to make the decisions they were able to. Where they could not do so these were might not be made in their best interest.

People were supported by staff who received training about their role and responsibilities and had individual support about their work.

People were supported to eat a healthy diet that provided them with the nutrition and hydration they needed. People were provided with the support they needed to promote their well-being and healthcare.

Requires improvement

Is the service caring?
The service was caring.

People received care and support in a kind and caring way which respected their dignity.

People were able to express their views on how their care should be provided.

Good

Is the service responsive?
The service was not always responsive.

The care people needed was not clearly described in their care plans, so there was a risk staff would not know how to care for them appropriately.

There were systems in place for people or their relatives to raise any complaints or concerns, although this had not yet been used by anyone.

Requires improvement

Is the service well-led?
The service was not always well led.

There were no systems to identify, assess and monitor the quality of the service people received.

Requires improvement

Summary of findings

Staff did not always feel they were listened to or their concerns acted on.

Elizabeth House Residential Care Home

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.

We inspected the service on 14 January 2015. This was an unannounced inspection. The inspection team consisted of three inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with seven people who lived at the service and three relatives who were visiting. We spoke with six members of care staff (which included the cook and domestic who both also worked as care workers), a volunteer, a visiting district nurse, and the registered manager. We observed the care and support that was provided in communal areas, including at breakfast and lunchtime. We looked at the care records of three people who used the service, as well as other records relating to the running of the service including staff training records.

Requires improvement

Is the service safe?

Our findings

The last time we inspected the service we found there had been a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found improvements had been made. Staff had received training in safeguarding and knew how to respond to any allegation of to keep people safe from any harm or abuse.

People did not always get support when they needed it because there were insufficient staff on duty. There was no cook on duty at breakfast times and care staff were so busy during breakfast they could not meet people's needs in a timely manner. For example we heard one person ask on four occasions for a blanket as they felt cold, but staff did not respond to this as they were busy doing other things. They eventually gave the person a blanket, but the person had to ask four times before this was done. Similarly another person had to ask four times after they had finished their cereal if they could have some toast. The person told us, "They can't go any quicker." The staff member brought this as soon as they were able to. Both people had waited 20 minutes from when we first heard them ask. A relative had commented on a survey form, "Staff need more help. When it is busy they need an extra pair of hands."

Staff told us staffing levels were inadequate on each shift. They described some of the effects that were caused by not having enough staff on duty. They said they felt very rushed and that there were times when people had to wait for care, such as being assisted to the toilet. Staff were concerned they could not provide the levels of observation people required to keep them safe, such as those at risk of falls and needed closer monitoring. A staff member told us they had, "Learnt how to cope" with the demands of working the shift with two staff. Another member of staff said people often had to wait when they pressed the call bell. At night there was one staff member awake and one sleeping in which meant the sleeping staff member had to be woken if someone required the support of two staff, which some people did. The awake night staff member was required to do the laundry and some cleaning so there was a risk someone would not get the support they needed because this member of staff may not be able to hear the call bell whilst completing these tasks.

The manager told us that staffing levels were provided according to the number of people living in the home and not people's needs. The manager said they had to look at what was viable for the business and in an ideal world they would have more staff on duty. They explained that when their occupancy reached 12 people this would trigger another staff member being on duty. We looked at the rota for the current week. There were two care staff on duty each day, which meant that when both care staff were assisting people who needed two care staff to support them, there were no other staff to support the other 10 people.

The two staff on duty also had to prepare and serve some meals as the cook only worked for three hours a day six days of the week. We saw routines followed were not always in people's best interest, for example we saw sandwiches for tea had been made up in the morning, before lunch, as there was no cook on later in the day. This meant people may have restricted choice and the sandwiches would not be as fresh as if they were made at the time.

Cleaning staff worked a total of eight hours of the week, two hours on three days one hour on two more days, which meant care staff also had to clean the building when the cleaning staff was not on duty. This showed there were not enough staff on duty or time allocated to meet people's needs, prepare meals and keep the building clean.

We found that Mrs Vijay Ramnarain & Surendra Dev Lutchia & Mr Vivek Obheegadoo did not have systems in place to ensure that people were cared for by adequate numbers of staff. This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt they were safe at the service and we did not find any indication that anyone was at risk of abuse. A person told us, "Of course I feel safe, why wouldn't I?" Another person said, "I couldn't be safer, I like living here." We saw a relative had commented on a survey form, "It takes a lot off my mind knowing my mum is very safe and happy."

Staff were able to identify the signs and symptoms of abuse and the action they would take if they were concerned about anyone's safety. They were also able to identify the

Requires improvement

Is the service safe?

action they would take if their concerns were not acted on, by following the provider's whistleblowing policy. A staff member told us they had discussed safeguarding in supervision. The manager said either they or one of the seniors would pass any concerns onto the local authority if needed, but they had not needed to do so. The manager had not reported any safeguarding concerns to us and the local authority had not carried out any safeguarding investigations.

Staff told us they had received training in safeguarding and the training matrix showed staff had completed a training course entitled safeguarding and dignity in November 2014. There were details about safeguarding displayed on the noticeboard in the dining/office area.

We saw examples of staff encouraging people to maintain their independence whilst keeping them safe. We observed a person being encouraged to walk using their frame with two staff remaining close enough to support them if they required it. They provided encouragement to the person and talked with them about the progress they were making. We also saw people who were at risk of falling over being supported safely to sit down when they returned to their chair to ensure they did not fall.

We observed some people being administered their medicines. This was done in a careful and sensitive way to ensure the person received the correct medicine, and they took this as required. A person told us, "I had my tablets earlier, before they brought my breakfast."

Medicines were administered by a senior staff member who told us they had completed training in medicines administration, and an independent pharmacist had checked their competence. We saw a declaration that two staff had been assessed as competent for administering medicines and the manager told us all staff who administered medicines had been assessed to be competent.

We found some of the safety measures for the safe storage of medicines were not followed, such as not dating liquid medicines when opened so people could be assured these were still within their most effective time period. We also found some medicines stored in the controlled drugs cupboard that had not been signed in when they were received to show these were being looked after. Safer medicines management guidance states that controlled drugs must be entered into the controlled drugs register as soon as they are received into the service. This is so that the use of these can be monitored safely.

Requires improvement

Is the service effective?

Our findings

The last time we inspected the service we found there had been a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found some improvements had been made for regulation 18 and people's capacity to make a decision was assessed but further improvements were needed.

We found assessments of people's capacity under the Mental Capacity Act 2005 (MCA) were not being completed fully, although their capacity was being assessed and used to plan their care in their best interests. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. However there were CCTV cameras in some of the communal areas of the service and there was no record made to show that people had been asked for their consent for the use of these. This meant people were being recorded without their consent and where people did not have the capacity to consent, assessments had not been carried out to determine if the CCTV was in their best interest.

We found that Mrs Vijay Ramnarain & Surendra Dev Lutchia & Mr Vivek Obheegadoo did not have systems in place to ensure that people protected under the Mental Capacity Act 2005. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw where one decision had been made in a person's best interests about medicines administration. This was made in consultation with their GP and a family member because the person did not have the capacity to make this decision themselves. The decision making process for this was well planned and recorded.

The manager told us no one who used the service needed to have their liberty restricted, so they had not needed to apply for a Deprivation of Liberty Safeguard (DoLS). DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager said they knew how to do so if needed to and staff we asked about this understood the key principles of this aspect of the legislation.

Staff described how they had been involved in planning decisions in people's best interest with other professionals and family members. There was a training session booked for staff to attend training in the MCA and DoLS and some staff had covered this more recently in professional qualifications they had studied for.

People were asked by staff for their preferences and consent on a regular basis over every day matters. We saw staff provide people with information to make things clear for them and help them make their decision. A person who used the service said, "I only have to ask if I want something." We saw a relative had commented on a survey form they were not involved in discussions about their relation's care because, "They [their relation] could make their own decision." Some people had signed their care records to show they had given consent to these.

The last time we inspected the service we found there had been a breach of regulation in relation to providing staff with training and support to do their job. At this inspection we found the required improvements had been made.

People were supported by staff who had been trained for the work they would be expected to do and knew how the service operated. A staff member who had started within the last year said they had undertaken all the training the provider required them to complete and shadowed another member of staff on each shift prior to working independently. The manager told us an external trainer provided new staff with a comprehensive induction about working in social care.

Staff had a good knowledge of people's needs and preferences. Most of the training provided was in the form of workbooks, although some was provided in face to face sessions with an external trainer. A staff member said they had particularly enjoyed and learnt through a practical training session provided by an optician. One staff member told us they were undertaking a nationally recognised qualification in care. Staff also told us they had regular opportunities where they could discuss their work, role and responsibilities in formal supervision sessions with the manager.

Each staff member had a training record in their staff file and there was a training matrix to provide an overview of what training each staff member had done. This showed

Requires improvement

Is the service effective?

staff had received the training planned for them. We saw a supervision matrix and this showed staff were scheduled to have supervision every three months, and some staff had received supervision recently.

People told us they enjoyed the food provided with comments such as, “The food is nice” and “The food is good, we get something different every day.” People were offered a choice of cereals and toast for breakfast. A person told us, “My breakfast was very nice thank you.” After lunch another person said, “I’ve enjoyed my dinner today, it was lovely.” Staff supported people to eat where this was necessary and checked on the needs of people who could eat independently. People were able to vary their mealtimes to suit their wishes if they did not want to eat at the planned mealtime. We observed one person having a different sweet to others as they did not like what was on the menu.

People received the support they needed for the healthcare they required. One person told us, “One of the staff takes me to appointments.” Another person said, “I speak to the manager about personal (health related) things. She helps me.”

People received support to complete treatment programmes they had been provided with by healthcare professionals. We saw staff following a treatment plan for one person to help with their mobility, and staff told us they followed the plans set by healthcare professionals. A community nurse said staff were always helpful and implemented their recommendations, and the equipment people needed was provided.

Care records showed people accessed a range of healthcare service such as the dentist, optician, and chiropodist on a regular basis. There was also evidence of good communication between staff and the community nurses when a person needed more frequent input. We also saw records to help monitor people’s wellbeing were detailed and up to date.

Good

Is the service caring?

Our findings

People were relaxed and comfortable with the staff and had built relationships with them. People described the staff as being, "Brilliant" and "Caring." One person said, "The staff are easy to speak to." Another person said, "It's a pleasant way of living." People enjoyed the relaxed atmosphere. One person told us, "As soon as you walk in the office they are offering you a cup of tea." Another person said, "We feel very welcome."

We saw staff had good relationships with people and responded to their requests in a positive way. For example a person asked if they could have their cup of tea warmed up and a staff member made a fresh pot of tea for everyone. We observed another person tell staff they did not want their lunch yet and arrangements were made to provide them with their meal later. The person had their meal later and was given the support they needed to eat this.

A person who used the service had commented on a survey form, "Friendly, helpful, chatty staff. They are very kind and treat residents well." A relative had commented on another form, "All the staff are pleasant and helpful." We found people's individual preferences and characteristics were identified and respected. One person preferred to be called by an alternative name and we heard them being addressed as they wished. Another person had been visited by a religious representative when they had requested this.

Staff spoke with pride about their work and wanting to provide people with the best care they could. A staff member told us, "Residents love it here, I like to bring happiness and joy and give them what they want." Another staff member described people at the service as being like a family to them. The manager said they did this job because they loved to help people. The manager said they discussed values as part of the recruitment process for new staff and applicants had to show the right motivation and put residents' needs first before they would be offered a job.

People were supported to express their views and be actively involved in making decisions about their care. Some of the people we spoke with told us about their care and said that what they needed was written down. We saw people had been involved in their initial assessment, and when their care plans had been reviewed to see if there had been any change to their needs. There was also information about people's likes and dislikes to help staff know how people would prefer to be supported. There was some background information about each person in their care file. This gave a richness of the person's life experience and relationships as well as explaining things that were important to them

The manager said no one had an advocate involved to help them express their views as everyone could express these themselves, or had a relative who would help them to do so. We saw there was information displayed by the telephone on how to contact an advocate if people wanted to.

People told us their privacy and dignity was respected and we saw this to be so. For example staff knocked on people's bedroom door and waited to be invited in before entering. A person told us, "I am treated with respect, always."

Staff described the steps they took to preserve people's privacy and dignity when providing care and support. We saw staff show respect towards people and respond to their needs in a discreet and sensitive way. The manager said they did not have a dignity champion but this was something they were looking to introduce. We saw there were posters about dignity in care displayed in the dining room.

People spoke of maintaining their independence. One person told us, "I have got my bedroom to clean today, I like to do it, it is a bit of exercise." Another person said, "We get ourselves up, we like our independence. Staff come and help us get washed and dressed." We observed staff provide people with encouragement, support and motivation to maintain their independence when needed.

Requires improvement

Is the service responsive?

Our findings

The last time we inspected the service we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found some improvements had been made to how people's care was planned, however their care plans still did not contain the amount of information and guidance needed to give staff the level of direction to meet people's needs. The manager said, "With regard care planning the format is fine but the content is not enough." Staff were able to describe people's needs and how these would be met. However this detail was not always included in people's care plans.

We saw within care plans there was information about people's health needs. We saw a separate care plan was prepared for each health issue, but in most cases this just referred to administration of medicines and lacked details about the care and support people needed. For example a care plan written to provide staff with guidance on how to support a person with clinical depression informed staff to administer medicines, monitor the condition and inform the manager and GP of the concern. This did not provide staff with the guidance to help them understand the nature and symptoms of the person's condition, how it impacts on their day to day life and care needs, and how to help the person manage and cope with their health condition.

We were given conflicting information from staff about the frequency one person needed to be repositioned during the night to protect their skin integrity. We looked at the person's care plan to establish the correct routine and found this was not recorded, so there was a risk the person may not receive the care they required to protect their skin from pressure damage.

Although people's care plans had been regularly reviewed, we found they had not always been updated to show where people's needs had changed. Reviews of people's care plans did not identify alternative ways of supporting someone, when the current care plan did not achieve the intended aim. For example, we saw the risk assessment staff used to assess a person's risk of developing a pressure sore had been completed incorrectly for several months. This had not been identified during the monthly evaluation and there was a risk the person may develop a pressure sore as staff did not know the actual risk the person faced.

People told us about the activities they took part in which they enjoyed. These included card and board games as well as group activity. We saw people join in the weekly 'music and toning' session and a number of them told us they enjoyed this. Another person told us they liked to play dominoes and did so regularly. Several people told us they enjoyed the Friday night fish and chips from a local fish and chip shop. One person said, "We love it." Another person told us, "We go for trips in nice weather."

The manager said staff provided an activity most mornings, however we found there was little information in people's care files about their hobbies and interests to help staff plan activities that involved people's previous interests. The manager told us in the PIR that over the next year they planned to, "Encourage service users to do more activities." A staff member told us, "People do a variety of things, gym, have singers, dominoes and cards. I took [name] to the park and they loved it."

People who used the service and relatives we spoke to knew how to raise any concerns but told us they had not done so as they did not have any concerns to raise. A person told us, "I've got no problems or complaints." A relative told us, "If I had any complaints I would speak to the manager."

Staff told us that if a person expressed a concern or complaint to them they would listen to them and if possible rectify the issue immediately. They would then tell the manager and if the manager was not available they would record it in the complaints book. Staff told us they had not heard of any complaints.

The manager told us there had not been any complaints, but said everyone would be able to complain if anything was not right, as would their relatives. The manager said relatives had her mobile number and they could call her at any time if they wanted to discuss anything. There were notices displaying the complaints procedure in each bedroom and displayed in the entrance hall.

Requires improvement

Is the service well-led?

Our findings

The last time we inspected the service we found there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the provider still did not have an effective system to regularly assess and monitor the quality of service that people received.

The manager said they did not have any formal auditing systems in place but they monitored the quality of the service by carrying out spot checks when staff were not expecting them and by asking people who used the service, although no records were made of these. The manager also said they had CCTV in the communal areas so they could observe how staff were working. The manager told us in the PIR that, "The quality of service is measured by daily feedback from service users and families and other health care professionals." This approach did not ensure all aspects of the service were properly monitored, for example there was no check on the condition of equipment used, the cleanliness of the building and whether safe practices were followed to prevent the spread of infection. We saw there were deficiencies in all of these areas which posed risks to people's safety and well-being.

The manager showed us some survey forms that had been completed by ten people who used the service, ten relatives and nine health and social care professionals. These all provided positive comments about the service but there had been no analysis of the results so these could be used to build on what went well or make improvements to the services provided.

We found records kept were not always accurate and there was no system in place to follow that checked these had been completed correctly. For example monitoring forms for people's food and fluid intake were not always correctly completed, and were not in place where a person required their position to be altered regularly to prevent any damage to their skin. We found information was not always recorded appropriately. For example one person's care records had not been updated to provide staff with information on whether the person should have bedrails in place to keep them safe whilst in bed. It was unclear from the records whether the person should have the bedrails which meant staff may not use them, even though they were needed.

Records of new staff completing induction were not kept. The manager admitted they knew they didn't record everything that they did and knew they should record more. The manager said, "I know on the practical side of things, we are there. I know we don't always record things and this lets us down."

Staff said the manager provided leadership and was approachable, but also felt they did not always keep them informed or listen to what they had to say. A staff member told us, "The manager gives good guidance, she is a good leader, if you are doing something wrong she will nudge you to do it properly." Staff said the manager listened to them, but did not give them enough feedback about the service. They told us if the issue was about a person who used the service it would be acted on, but they had less confidence other issues would be. For example, staff said they had raised concerns about staffing levels, but this had not been addressed, and as a result they did not feel supported. Staff said staff meetings had taken place in the past, but they could not recall when the last one was.

We found that Mrs Vijay Ramnarain & Surendra Dev Lutchia & Mr Vivek Obheegadoo did not have systems in place to monitor and assess the quality of the service delivered. This was a continued breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and relatives told us the manager was approachable and listened to what they said. A person told us, "The manageress is lovely." We overheard one person say to another person, "She's a good manager, she would get a football team going she would if she was the manager. She is kind but they would be saying yes Ma'am."

The manager said they were flexible with staff and expected flexibility back. They respected staffs' individual positions and tried to accommodate these with their working patterns and number of hours. The manager said they did not have someone to deputise for them at present but would be training someone up to do so. The manager said staff were able to speak up if they made a mistake and gave an example how one staff member had done so the previous day.

Requires improvement

Is the service well-led?

The registered manager is one of the owning partners of the service and has held the post for a number of years. Providers are required by law to notify us of certain events in the service. Records we looked at showed that we had received the notifications we were sent in a timely way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **There were not sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 18 (1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **People were not always protected by the Mental Capacity Act 2005 (MCA). Regulation 11(1)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not identify, assess and manage risks or listen to the complaints or comments made and views expressed by people who used the service and others. Regulation 17(1)(2)(a)(b)(e)**