

Key Healthcare (St Helens) Limited

Elizabeth Court

Inspection report

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St Helens
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elizabeth Court is a residential care home providing personal and nursing care to up to 44 people. The service provides support to older people. At the time of our inspection there were 42 people using the service. Some of who live with dementia. Elizabeth Court accommodates people across two separate floors, each of which has separate adapted facilities.

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

Improvements were needed to the management of people's medicines. Additional improvements were needed to the processes in place for the review, monitoring and oversight of records in use.

Sufficient staff were on duty to meet the needs of people. Systems were in place to safeguard people from harm and regular checks were carried out to ensure people's living environment was safe. A system was in place to assess and plan for known risk to people.

A new manager had been appointed and had been in post for 5 weeks. An improvement plan was in place to make changes to the service. Work was underway to review and update procedures with the service. Staff worked with local health care professionals to meet people's needs.

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

Improvements had been made in the management of infection prevention and control measures since the last inspection.

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 14 March 2022) and there were breaches 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 in some areas, however more improvements were needed and the service was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 January and 8 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care and good governance.

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 and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has remained requires improvement based on the findings of this inspection. Although some improvements had been made since the last inspection, we found evidence that the provider needs to make improvements in relation to medicines management and oversight of the service. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to medicines management and oversight of the service. We have made a recommendation in relation to staff records. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our findings below.

Requires Improvement ●

Elizabeth Court

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 Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Elizabeth Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Elizabeth Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post at the service for 5 weeks and it was their intention to submit an application to register.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke and spent time with 10 people who used the service and one visiting family member about their experience of the care provided. We spoke with 7 members of staff including care and nursing staff, the manager and head of care. During the inspection we spoke with a member of the senior management team by telephone. We reviewed a range of records. This included people's care and medicines records. A variety of records relating to the management of the service, including monitoring and reviewing information. After the inspection we reviewed additional information sent through to us by the management team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely.
- Paraffin based creams were found around the building inappropriately stored. This created a risk in the event of a fire due to their flammable properties. No risk assessments were in place for safe management of these creams.
- Information relating to the use of medicines prescribed on an as and when basis (PRN) or variable doses was not always available. For example, protocols that described signs and indicators that the PRN medicines should be offered had not been developed.
- A system for the regular auditing and monitoring of medicines management was in place. However, the most recent audit from one area of the service could not be located.

We found no evidence that people had been harmed however, effective systems were not in place for the management of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment procedures were in place, however these were not always followed.
- Five staff recruitment files were found to be missing a piece of required information.

We recommend the provider consider current guidance and best practice on safe recruitment and take action to update their practice accordingly.

- Sufficient staff were available to meet people's needs.
- Interactions seen by staff on the ground floor were warm and positive. However, interactions on the first floor were on occasion minimal, directional and task based.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. A full review of applications and DoLS in place for people had recently taken place.
- Covered locks were in place on the doors to the secure garden. The doors were locked and an alarm sounded when opened. Discussion took place around considering the covered locks on the doors and their potential barrier for individuals' wishing to access the outside area.
- The majority of staff had completed up to date training in MCA.

Preventing and controlling infection

At our last inspection the provider had failed to ensure suitable and appropriate care planning had been considered which reflected the individual needs and preferences of people in relation to visiting during an infection outbreak. This was a breach of regulation 9 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 9.

- The provider was now enabling visits within the service in line with national guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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. This was an improvement from the last inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from abuse.
- The majority of staff had completed up to date training in safeguarding people.
- Safeguarding concerns raised by the service and other agencies to the local authority were recorded.
- The provider had revised and updated a recording system to log and track any concerns raised about the service. Other records were linked to investigations and safeguarding referrals.

Assessing risk, safety monitoring and management

- Systems were in place to assess, plan for and mitigate known risk to people.
- Assessments of risk and their review varied in detail. However, we saw that a full review of people's risk management and care planning was underway to identify and make improvements where needed. There had been a reduction of unwitnessed falls within the service.
- Routine checks on the environment and equipment were up to date and certificates supported this. However, we identified one utilities check that was not recorded or appeared to have taken place. This was addressed immediately by the provider.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we identified that systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service; to maintain secure and accurate and contemporaneous record in respect of each service user; or demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we saw some improvements had been made, however more improvement was needed and the provider remains in breach of regulation 17.

- Systems in place had failed to identify and address areas of improvement needed in relation to management of medicines.
- Systems in place to record care and support delivered and offered to people were not always detailed with sufficient information or written in a person centred manner.
- Systems in place for the reviewing of people's care plans and monitoring of risks were not consistent.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's health were effectively monitored. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection there had been changes in the management of Elizabeth Court. The new manager had been in post for 5 weeks at the time of this inspection.
- The manager was working to an improvement plan to make changes to the service. They showed commitment to making positive improvements and had a clear understanding of their role.
- Recent audits had taken place to identify any improvements needed, these included dignity and infection prevention and control. Improvement audits were also in progress relating to people's care planning documents; menus and the introduction of hospital passport to support people when they are admitted to hospital.

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 provider and management team had a clear understanding of their role on the duty of candour.
- When required, the provider and the management team informed CQC and other agencies of incidents when required.

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

- Engagement was taking place with people, their family members and staff to introduce the new management team and discuss the service delivered to people.
- One visiting family member told us "No issues. Every time we visit its clean and tidy. Foods fine. Staff are fine. Know how to raise a concern if needed."

Continuous learning and improving care; Working in partnership with others

- An improvement plan was in place to further develop the service delivered at Elizabeth Court.
- Staff worked with local health care agencies to support people with their health needs. This included district nurses; GP's and the area frailty team.
- There was regular contact and oversight from the agencies who commission the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Effective systems were not in place for the management of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate people's health were effectively monitored. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.