

Eleanor Nursing and Social Care Limited

York House and Aldersmore

Inspection report

19 York Road
Holland-on-Sea
Essex
CO15 5NS

Tel: 01255814333

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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

York House and Aldersmore is a residential care home providing accommodation and personal care to 12 people, including people with a learning disability, autistic people, people with a physical disability and people with dementia. The service can support up to 18 people.

The service accommodated people in one large building, which was in keeping with other large domestic properties on a residential street with access to shops and the sea front.

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

The provider had made some significant improvements to the service since the last report. However, there was still some improvements needed. The provider did not have robust quality monitoring processes in place to ensure oversight of the service. Risk assessments and care plans were in place but had not all been reviewed and updated in order to understand people's needs. The auditing and oversight of medicines needed improvement. However, people received their medicines as prescribed and had them in a way they preferred.

We have made a recommendation that the provider seek up to date good practice guidance in relation to medicines management.

The service did not have a manager registered with the Care Quality Commission at the time of inspection, although a manager was employed but had not yet made an application. Where a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Improvements had been made to the care, safety and wellbeing of people who used the service. We observed staff being respectful, aware and knowledgeable of people's needs and personalities. There was a warm and caring atmosphere where people and staff interacted and spent quality time together. There was enough staff to meet people's needs who had been safely recruited. The manager and staff team had strong person-centred values which had made a difference to people at the service. Staff told us they felt supported in their role. The environment was clean and bright. Interior decoration, furniture and bathroom facilities had been improved, although there was still some building and remedial work to be done.

Infection prevention and control measures were in place and staff were following the correct government guidance. Some improvements were still needed to ensure the service continued to be safe.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to autistic people and people with a learning disability.

As there were fewer people living at York House and Aldersmore, the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. The model of care and setting should maximise people's choice, control and independence. The service was a domestic style house on a residential street with access to local amenities.

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; Whilst we did not see any policies in relation to capacity and consent, people's care plans supported this practice.

Right support:

People were encouraged and empowered to make their own decisions. Care staff ensured that people were supported and gave people daily choices which were appropriate to their needs and level of understanding and ability.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and had established positive relationships with them. People were treated and supported as an individual, and we saw that the service had made improvements around providing individual stimulating social and leisure choices.

Right culture:

The ethos, values, and attitudes of the manager and care staff ensured people lead confident, inclusive and empowered lives. People took part in a wide range of community-based activities of their choice.

Rating at last inspection and update. The last rating for this service was requires improvement (published 28 January 2021) with a breach in Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Requires improvement. This is based on the findings at this inspection. We found the provider needs to make improvements.

Please see the safe and well led sections of this report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified one continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

York House and Aldersmore

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

York House and Aldersmore is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The manager in post at the previous inspection had left and the service had employed a new manager. They were not currently registered with the Care Quality Commission at the time of inspection. Where a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before 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 all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with three members of staff during the visit and the manager on the telephone the day after as they could not be available on the day.

We looked at four people's care plans, daily notes for eight people and four people's medicine records. We also viewed a range of records about infection control procedures and fire safety. Information regarding the management of the service was not available on the day of the inspection.

After the inspection

We requested information and clarification from the manager the day after the inspection to validate our evidence found. We provided verbal feedback of our inspection findings to the manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to 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.

At our last inspection on 9 and 17 December 2020 risks to people were not managed effectively. This was a breach of regulation 12 (Safe care and treatment) 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 12.

Assessing risk, safety monitoring and management

- We found significant improvements had been made to the environment. However, ongoing work was necessary in order to complete repairs.
- The corridors, communal areas, main lounge and dining room had been re-painted making them light and bright and clean. Unsafe flooring, walls and curtains had been removed and the areas, repaired, plastered and painted removing the risk of harm. One person said, "It's changed a bit, much nicer and we all like it."
- Fire escape routes were clear; fire extinguishers were checked and fire drill processes in place.
- People had personal emergency evacuation plans which had been reviewed and updated and were placed in the front entrance and accessible should there be an emergency.
- Food cupboards and fridges were clean, and food dated. Any risks to people choking or eating were completed, and staff were aware of the risks.
- Some assessments had been completed for people at risk of epilepsy, eating, drinking, pressure care and mobility. The care provided for one person who had a pressure ulcer at the last inspection had resulted in it being healed. One staff member said, "They used to have them quite bad but due to the hourly and two hourly repositioning, this has all healed up."
- Care records and risk assessments mostly contained relevant information and were in the process of being updated by the manager and senior care staff. Despite not all information being up to date, we were assured staff had the knowledge and awareness of people's individual needs; were competent in monitoring their safety and, in supporting their independence.
- We were unable to check if the equipment had been serviced as the equipment room was locked and the senior staff member did not have a key. They told us no equipment was being used by staff at present.

Preventing and controlling infection;

- Significant improvement had been made to infection control practices and procedures since our last inspection, although there were still some areas for development. This was shared with the senior staff member on shift at the time.
- A cleaner had been employed to ensure the hygiene and cleanliness of the building, and we observed them carrying out their duties during the course of our site visit.

- Bathrooms, shower rooms and communal areas were generally clean, with the main barrier to thorough cleaning being the need for further remedial building works.
- COVID-19 risk assessments had been completed for people who used the service.
- The provider was preventing visitors from catching and spreading infections. Proof of a negative COVID-19 test was requested, and temperature checks taken before entry to the service. A visiting room with Perspex divider was being put in place, but this was undergoing building works at the time of inspection. However, visitors saw people in the small lounge which could be sectioned off making it safer and more private.
- The provider was admitting people safely to the service. There was a checklist for staff to follow when a person was admitted, for example, from hospital and this covered any isolation requirements and COVID-19 test status. The provider was following appropriate government guidance and accessing testing for people using the service and staff as well as supporting them to get their COVID-19 vaccinations.
- Staff had access to personal protective equipment (PPE) but were not always wearing apron, masks and gloves appropriately (for specific tasks) and PPE in the toilet areas was not packaged correctly in order to reduce contamination from showers or droplets from the toilet when it was flushed. We raised these issues with the senior staff member during our visit so it could be discussed with the manager and resolved.
- Much of the work identified to make the service safer and cleaner had been done. Remedial work such as bathroom flooring, sink splashbacks and replacing kitchen cupboards was still needed to enable thorough cleaning to take place.
- The provider's infection prevention and control policy and COVID-19 procedure were not provided as requested so we are not assured it is up to date. There was no evidence provided that risk assessments for staff and those in a high risk category had been completed to protect them.

Using medicines safely

- The ordering, return, and monitoring of people's medicines needed improving. Whilst people's prescriptions were taken to the pharmacy, there was no recording process for medicines being received from or sent back to the pharmacy or hospital.
- We reviewed a selection of medicine administration records (MAR), which contained information staff needed such as up to date photo of the person, any allergies and the process regarding giving medicines as and when needed.
- Some MAR had gaps where staff signatures had not been completed. Also, when medicines were not typed up on the MAR by the pharmacy, and medicines were needed to be added on in writing, staff had not signed as to who had entered the information and when. This was discussed with the senior staff member who agreed to investigate and discuss with the manager.
- Audits of medicine administration and management were not provided so we could not be assured they were undertaken.
- The storage of medicines was safe and appropriate. Fridge and room temperatures were recorded.
- People were given their medicines in a respectful way and in a way they preferred.

We recommend the provider seek and follow good practice guidance in relation to the management of medicines and implement these changes quickly.

At the last inspection in December 2020, there were not enough numbers of suitably qualified, competent, skilled and experienced people employed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and there was no longer a breach of regulation 18.

Staffing and recruitment.

- There were enough staff to care for people and we saw them being cared for safely. Staff were not rushed

and people had opportunity to spend time with staff within and outside the service. Agency staff were used regularly and knew people and their support needs. Since the last inspection, staff had been recruited to additional roles such as a chef, cleaner and administrative support.

- We did not see the provider's most up to date contingency plans for a sudden or extreme shortage of staff as this could not be provided upon request.
- Staff were recruited safely, and we saw the provider had completed the relevant employment checks.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and were able to tell us what they would do if they had concerns for people's safety. One member of staff said, "If I saw something that made me feel that a person was being treated unkindly or staff were not gentle, then I would speak to the manager. Another staff member said, "I am learning how I can tell if someone is unhappy or different if they can't speak. Getting to know them is really important."
- The manager was aware of their responsibility to report safeguarding concerns to the local authority.

Lessons Learnt when things go wrong

- Lessons had been learnt and changes made to many aspects of the service. The provider had taken some action from the findings of the last inspection. Many improvements were still needed to ensure all risks had been reduced or removed and people continued to be kept safe from harm.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. 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.

At the last inspection, the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made so that the provider was still in breach of the Regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection, the provider did not provide us with relevant requested records to assure us the service was safe. At this inspection, the manager was unable to send us key documents as they had not been given access to the provider's management system where a number of important documents were stored.
- Records were not kept securely and accurately. Despite being under review, records were in disarray and not kept in a confidential way.
- As described in the Safe section, many improvements had been made to ensure people were safe. However, improvements were still required to systems and processes to monitor, assess and improve the quality of the service. These included care plans and risk assessments, audits of medicines management, infection control, PPE, maintenance, staff supervision and competency checks.

This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider was in breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made so that the provider was not in breach of the Regulation.

- The provider had improved the process for sending statutory notifications of events which occurred in the service to CQC and these had been provided when required by law.
- The service had a new manager and staff team since the last inspection. Staff were clear about their roles and responsibilities and, despite being new to the service, were aware and knowledgeable of people's needs. The senior staff member who managed the shift in the absence of the manager during our inspection site visit was professional and competent in their role.

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

- At the last inspection, the provider's response to their duty of candour had been negative, and had been slow to make improvements when things had gone wrong. They had not supported or enabled the manager to have effective oversight of the service at this inspection.
- Since the last inspection, changes in the management and staff team at York House and Aldersmore had been positive.
- The culture of the service was warm and inviting. The manager and staff team worked well together to create a caring and positive atmosphere for people. People's quality of life had improved.
- The manager was open and friendly and provided leadership and support. Staff told us, "The manager is lovely. They are good here as they fit around my family life." And, "[Name of manager] is very supportive and respectful of my experience."
- The manager and staff were making a difference to the quality of the care for people and making sure systems were working for mitigating risks associated with infection control and the COVID-19 pandemic.
- The manager was not registered with CQC and, at the time of the inspection, had not made an application to register.

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

- There was a diverse mix of people living at York House and Aldersmore and the numbers of people had reduced from 18 to 12. This had improved the space, culture and opportunities for engaging and involving everyone in the service. People, whatever their ability, interest or background were valued, and their rights respected by the staff team.
- Staff and people were involved in the areas for improvement and were part of making them happen. One person told us, "I have lots to do and more than I used to. The staff get us doing things. I like that." Another said, "I have my own hobbies and can do them whenever I like. Staff help me to sort my stuff out and are nice."

Continuous learning and improving care; Working in partnership with others

- The provider had made many changes as identified in their action plan from the last inspection. Along with a new manager and staff team, these improvements had made a difference to the culture, quality of life and environment in which people and staff lived and worked.
- The manager and care staff liaised with professionals on behalf of individuals they supported. However, more effective communication and joint working was needed between the provider and health and social care professionals to ensure good joined up working for the people they supported.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however, systems were either not in place or not robust enough to evidence effective oversight of the service.</p>