

Premcard Limited

Elm House Nursing Home

Inspection report

43 Cambridge Road
Southport
Merseyside
PR9 9PR

Tel: 01704228688
Website: www.elmhousenursing.co.uk

Date of inspection visit:
19 June 2017

Date of publication:
24 July 2017

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Elm House provides nursing care for up to 30 people in a residential area of Southport.

We carried out an unannounced comprehensive inspection of this service on 4 January 2017. We found a breach of regulation regarding consent to care and treatment for people living at Elm House. When people were unable to consent, the principles of the Mental Capacity Act 2005 (MCA) were not always followed, in that assessments of the person's mental capacity was not made based on individual decisions.

We also made a recommendation under the 'Well led' section of the report to further develop a more comprehensive series of management audits to monitor the service.

Following the inspection in January 2017 we gave the service a quality rating of 'Requires improvement'.

After the comprehensive inspection, the registered provider wrote to us to tell us what they would do to meet legal requirements in relation to the breach; the provider told us they would be compliant with the regulation by 16 May 2017.

We undertook a focused inspection on 16 June 2017 to check that they had they now met legal requirements. This report only covers our findings in relation to these specific areas / breaches of regulation. They cover two questions we normally asked of services; whether they are 'Effective' and 'Well led'. The questions 'was the service 'Safe', Caring' and 'Responsive' were not assessed at this inspection.

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

At this inspection we found improvements had been made with respect to gaining people's consent and adherence to the MCA 2005; the previous breach of regulation had been met.

We found there was a clearer understanding of the principles of the MCA 2005 and how this should be applied with people living in the home. We saw examples where people's capacity had been assessed with regard to key decisions they were making and where they lacked capacity, decisions had been made in people's best interest.

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

We found action had been taken to improve the management and governance of the home by developing a program of on-going audits to monitor and maintain good standards.

We were satisfied that the improvements in overall governance evidenced an on-going consistency to meet standards in the home and we have raised the quality rating for Elm House from 'Requires improvement' to 'Good'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

We saw that the manager and staff were following the principles of the Mental Capacity Act (2005) and knew how to apply these if needed.

Improvements had been made and we have revised the rating for this key question from 'Requires improvement' to 'Good'.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

We found action had been taken to further develop the auditing systems in the home to help ensure the service was monitored and on-going improvements could be made.

Improvements had been made and we have revised the rating for this key question from 'Requires improvement' to 'Good'.

Elm House Nursing 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 checked 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 undertook this focused inspection on 19 June 2017. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 4 January 2017 had been made. We inspected the service against two of the five questions we ask about services; Is the service effective? And Is the service well led? This is because the service was not meeting requirements in relation to these questions.

The inspection team consisted of an adult social care inspector.

During the visit we were able to speak with the registered manager and the deputy manager. We looked at the care records for three of the people living at the home and other records relevant to the quality monitoring of the service. These included medicines audits, safety audits and quality audits.

We also spoke with a contracts monitoring officer at the Local Authority to get their feedback about a recent visit they had conducted.

Is the service effective?

Our findings

At the last inspection of the home in January 2017 we found that people who were able to give their consent to care and treatment were listened to and their wishes respected. We found, however, that people who lacked capacity to make decisions for themselves had not been assessed appropriately and care had not been organised with respect to the requirements of the Mental capacity Act (2005) (MCA). We had asked the provider to take action to address these concerns.

On this inspection we found improvements had been made and the regulation was now met.

We looked to see if the service was working within the legal framework of the MCA. The legislation provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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.

The registered provider's action plan told us this had been addressed and standards were now being met. The action plan stated the registered manager and deputy manager were both attending updates and training in the MCA 2005 and that all consent forms were being reviewed to ensure mental capacity assessments were more specific. On the inspection we saw that training updates had been addressed. The registered manager and deputy had attended training with a local law firm and care staff had attended a half day update to raise awareness of the principals of the MCA.

We looked at and reviewed the care records of three people living at Elm House. These people varied in their capacity to make decisions regarding their care. We found that there was a better understanding by management. There was good practice in this area of care and adherence to the principals of the MCA. The registered manager told us about the training they had had attended and was able to talk about how learning had further developed their understanding.

For example we were told about a complex situation regarding a person who lived at the home and who had varying capacity to make decisions for themselves; this involved application of Lasting Power of Attorney [LPA] for financial decisions, and decisions regarding the person's health care involved the persons GP carrying out an assessment of the person's mental capacity. The issues were on-going but the manager illustrated a good understanding of the principles of the MCA being carried out with this example.

In another example we saw a person had a specialised chair [to ensure their safety], which may have been interpreted as 'restrictive' as it was difficult for the person to get up from the chair unaided. They had a clear plan in place for the assessment and monitoring of this. It included an assessment of the person's capacity which showed they did not have capacity to make this decision. A decision was therefore taken in the person's 'best interest' to make us of the chair to protect the person's safety.

We discussed how all new admissions to the home could also have their capacity assessed to make this

[key] decision if this was indicated. The registered manager reported that all admissions since the last inspection had been able to consent to their admission to Elm House. For people who had previously been admitted to the home and had not been able to consent to this, an application had been made to the Local Authority for a Deprivation of Liberty (DoLS) Authorisation. At the time of the inspection there had been eight applications made and three had been authorised.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications also included people unable to consent to the use of bed rails [to protect the person from falling out of bed]. Following the inspection, the registered manager also informed us that an assessment of the persons mental capacity was being undertaken using the homes two stage mental capacity assessment tool for each person that did not have the ability to consent to the use of bed rails and would reinforce the 'best interest decision' to help ensure their safety.

Staff had applied for a number of people to be supported on a Deprivation of Liberty Safeguards (DoLS) authorisation. The applications were being monitored by the registered manager of the home. We saw that if people were on a DoLS authorisation there was a supporting care plan to reference this. We also saw examples of authorisations in peoples care files.

Overall we found the registered manager and staff knowledge and awareness had improved. The staff were now using mental capacity assessments more appropriately.

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service in January 2017 and made a recommendation for further development of the governance and auditing systems. This was because the registered provider had failed to identify, assess and manage the quality of service provision. Some of the systems for auditing the quality of the service needed further development to ensure better monitoring of key issues.

On this inspection we checked to see if the recommendation had been followed to help ensure consistent and improving standards. We saw improvements had been made.

We met with the registered manager and deputy manager [clinical lead] who showed us some of the newly devised auditing tools now being used to monitor the home. We reviewed a medication auditing tool and found this to be very well developed and comprehensive. It included a series of checks including a '10 point' daily check by nursing staff of medication administration records [MAR's], and an audit of controlled drugs [medicines under legislation which need additional controls]. A full monthly audit was also carried out which included reviews of individual medicines for all of the people living at Elm House. We saw one of these carried out for April 2017 and it was very comprehensive. One development from these audits had been the updating of all PRN [medication given when needed] care plans for people.

We also saw health and safety audits carried out for April 2017 and these were also very well developed and comprehensive. We saw some action had been taken as a result of the audits undertaken with respect to the identification of trip hazards with existing carpets; these had all been replaced.

Other developments had been the introduction of folders for individual care planning summaries and observation charts for each person living in the home. These were placed in people's possession in their bedrooms. This helped to increased communication and awareness for care staff as well as helping people to keep up to date with any changes in their care.

Accidents and Incidents were analysed each month for trends especially for people who had experienced a fall. The data was then submitted to the local Clinical Commissioning Group [CCG] for quality monitoring.

The registered manager told us about the system whereby care files were reviewed. This included input from the night staff and a personal review of care files by the registered manager on a regular basis. We discussed the development of a designated audit tool for this would further ensure consistency; the registered manager told us they would work to develop this. The audit tool would also include reference to documentation and care planning around the MCA.

We spoke with a contract monitoring officer from the Local Authority who had carried out a recent visit to the home. They were positive about the service and stated they had found overall good standards. They commented that the registered manager and deputy manager were proactive and the general governance arrangements were robust.

