

Mr David John Dickson & Mrs Leanda Dickson  
Elgin Rest Home

**Inspection report**

12-14 Manor Road  
Westcliff On Sea  
Essex  
SS0 7SS

Tel: 01702340172

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 6 and 10 February 2017 and was unannounced. We had previously inspected the service in February 2016 when we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 19 Fit and proper persons employed. Following the inspection in February 2016 the registered provider wrote to us to tell us the action they would be taking to ensure they met all the relevant regulations. During this inspection we found improvements had been made and the registered provider was now meeting these regulations. At this inspection we found one breach of regulations in relation to Regulation 18 Staffing.

Elgin Rest Home is registered to provide accommodation with personal care for up to 17 older people, some of whom may be living with dementia related needs. There were 14 people living in the service when we inspected.

The service had a registered manager. 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.

Improvements were required to ensure staff were deployed effectively at all times to meet people's needs. The service had systems in place to identify and manage risks to people and to maintain the safety of the service as a whole, however the provider needed to ensure their review and oversight of how staff are deployed and what this meant for people were more robust and ensured good quality care delivery at all times.

Staff were trained in how to protect people from abuse and harm and how to raise an alert if they had any concerns. Effective recruitment procedures ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care. Medication was dispensed by staff who had received training to do so.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA). The registered manager and staff were aware of their responsibilities in relation to the MCA and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew people well and were kind and caring and treated people with respect and dignity. Generally people told us they were happy with the care and support they received. Staff encouraged people to maintain their independence as much as they were able to. Where required people were supported to access advocacy services.

People's nutritional needs were assessed and met and people were supported to maintain a healthy and

balanced diet. People were supported to access health and social care professionals and services when needed.

People had opportunities to participate in activities and a dedicated member of staff was responsible for the delivery of the activities programme. The registered provider had systems in place to deal with any concerns or complaints.

People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Staff enjoyed working at the service and felt valued and supported by the registered manager. The registered manager was committed to continuous improvement and there were systems in place to regularly assess and monitor the quality of the service provided.

## 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 consistently safe.

Staff were not always effectively deployed to ensure people's needs were met.

Systems to protect people from the risk of abuse were in place. Staff knew how to act on any concerns of abuse.

Risks to people were managed and assessments were in place to manage identified risks.

Medicines were stored, handled and administered safely by trained staff that had their competency assessed regularly.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service and completed various training courses to support them to deliver care and fulfil their role.

Staff had an understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and they were supported to access healthcare professionals when they needed to see them.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

**Good** 

### Is the service caring?

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff knew people well and had a good understanding of people's care and support needs.

**Good** 

People's privacy and dignity was respected and people's independence was promoted.

### **Is the service responsive?**

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people.

Care plans were regularly reviewed and people and, where appropriate their relatives, were involved in the planning and review of their care.

The service had appropriate arrangements in place to deal with concerns and complaints.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led.

The service had quality monitoring processes in place to ensure the service maintained its standards; however improvements were required to ensure effective deployment of staff.

There were systems in place to seek the views of people who used the service, and others.

Staff felt supported and said senior management was always available for support and guidance.

**Requires Improvement** ●

# Elgin Rest 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. The inspection was prompted in part by notification of an incident. This incident is subject to further investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with the Care Quality Commission about the incident indicated potential concerns about management of risk with regard to new admissions to the service and staff training. This inspection examined those risks.

This inspection took place on the 6 and 10 February 2017 and was unannounced.

The inspection team consisted of one inspector, a member of the Care Quality Commission's medicines team and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements.

During the inspection process, we spoke with nine people, three of their visiting relatives and one visitor who was a friend of a person living at the service. We also spoke with the registered manager, the deputy manager and four staff working in the service. We reviewed a range of documents and records including seven people's care files, three staff recruitment and support files, training records, the arrangements for medication including reviewing four people's Medication Administration Records (MARs) and quality assurance information.

## Is the service safe?

### Our findings

During our previous inspection in February 2016 we found concerns around staffing levels and the deployment of staff. At this inspection people told us they felt there was not always sufficient numbers of staff on duty. One person told us, "Their favourite expression is 'in a minute'; it sometimes makes me feel desperate." Another person told us how they had to wait if they needed help and went on to say, "Staff here know what to do but they are too rushed to do it, I feel sorry for them."

During our inspection we noted occasions when the communal lounge was not monitored by staff. For example on the first day of our visit no staff monitored the lounge from 14:20 to 15:40 with the exception of ten minutes at 14:55 when staff brought the tea trolley round and took people's requests for supper. We observed during this time that there was limited interaction with people or an attempt by staff to engage in conversation with people other than to hand out drinks and confirm people's choice for supper. One person told us, "Staff never sit in here with us they're quickly in and out." Another said, "One day last week there were five of us in here for over two hours, no staff and no drinks until lunchtime, it made me feel exasperated." People told us they had to wait until they saw a member of staff walk past and shout for help if they needed anything. We discussed our findings with the registered manager who informed us that staff should be in, or within the vicinity of, the lounge at all times. Following our inspection the registered manager confirmed they had arranged for an additional call point to be installed in the lounge to enable people to summon assistance from staff if required. They also informed us that staff had refrained from entering the lounge during the afternoon on the first day of our inspection to ensure confidentiality as the inspection team were talking to people about the service they received.

The registered manager showed us how they assessed people's dependency levels on a monthly basis. However, although staff told us they felt staffing levels were sufficient and the registered manager told us they delivered approximately an additional 10 staffing hours each day than required, people did not receive the level of care they needed. Three people we spoke with told us they felt rushed when they received care and support. Our observations during the inspection showed that although staffing levels were sufficient, the deployment of staff was not always effective. For example on day two of our inspection we observed one person having to wait to be transferred from their wheelchair to their bed and another person having to wait for support with toileting as there were no staff available on the ground floor to support them. This demonstrated that staff were not always deployed effectively to ensure people's care and support needs were being met in a timely way.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found medicines were not being managed safely. At this inspection we found that improvements had been made. The provider used an electronic medication system which recorded and tracked ordering, dispensing, receipt and administration of medicines. The medication administration records (MARS) we looked at were completed appropriately and included allergy information and a photograph of the person to make sure they were correctly identified. The electronic records were

completed to show that medicines were administered regularly. Where people had been prescribed medicines on an 'as required' basis for example for pain relief, there were protocols in place for staff to follow. There were processes in place to support people to take their own medicines if they wished to do so, and we saw that one person looked after their own inhaler.

Medicines were stored securely although we observed that the medicines fridge was not always locked after use. We discussed this with the registered manager who informed us the key had been mislaid and that they would immediately arrange for a replacement. We saw that the temperatures of the storage areas were recorded regularly.

Senior staff were responsible for the administration of medicines and training records showed they had received appropriate medication training and had their competency checked regularly in order for them to safely support people with their medications. Regular audits were undertaken by the deputy manager and registered manager to ensure that people were receiving their medication safely and correctly.

In February 2016 we found ineffective systems in place which ensured the safe recruitment of suitable staff. At this inspection we found improvements had been made. We looked at recruitment files for staff that had been recruited since our last inspection and found processes in place to ensure that staff were suitable to work with people living in the service. Checks had been carried out which included obtaining references, checking gaps in employment, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). New staff were required to complete a six month probationary period and there were staff disciplinary procedures in place to respond to any poor practice. Staff told us they had to wait for all relevant checks to be completed before they commenced work at the service.

People told us they felt safe living at the service. A relative also told us that they felt their relative was 'in safe hands'. There were systems in place to keep people safe and protected from harm. Staff had received safeguarding training, were knowledgeable of the signs of abuse and described what actions they would take if they suspected abuse. One member of staff told us, "If I had any concerns I would inform the manager and if I wasn't taken seriously I would speak to the council or to the Care Quality Commission." Another said, "My role is to ensure people are not abused. I would go to the deputy manager if I had any concerns. If I had to I would go to the Police or to CQC." Ask Sal posters were displayed in the service. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns. The registered manager was able to demonstrate to us that safeguarding incidents had been reviewed and, where appropriate, actions had been taken to mitigate reoccurrence.

Risks to people were assessed and care plans contained risk assessments such as falls and medication which were regularly reviewed. Where risks had been identified actions had been put in place to manage these without restricting people's choice and independence and to help staff to manage these safely.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. There were up to date safety certificates in place for the premises such as for the electrical and gas systems. Whilst some adaptations had been made to the home since our last inspection and additional planned works such as painting and renewal of carpets were to be completed by the registered provider within the next few months, we noted there was limited signage or other symbols to support people living with dementia to orientate themselves within the building or, for example, to recognise their own bedroom. We discussed this with the registered manager who assured us they would ensure these considerations are taken into account as part of the planned redecoration works.



Systems were in place to record and monitor incidents and accidents and these were monitored by the registered manager. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence for example making a referral to the falls team. Processes were also in place to keep people safe in the event of an emergency situation such as fire and personalised emergency evacuation plans (PEEPs) were in place. A PEEP provides guidance to staff and emergency services if people needed to be evacuated from the premises in the event of an emergency. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies and weekly fire testing has been completed.

## Is the service effective?

### Our findings

At our last inspection in February 2016 we found that improvements were required to ensure staff received regular structured support and training to ensure that their skills and knowledge were up to date to enable them to meet people's needs effectively. In addition we identified concerns relating to the recording of people's food and fluid intakes to ensure that people's nutrition and hydration needs were met. At this inspection we found that improvements had been made.

People were cared for by staff who had the skills and knowledge to meet their needs. Staff had completed an induction when they started work at the service and were supported to obtain the knowledge and skills they needed to provide good care. The induction programme included an orientation of the building environment including health and safety procedures and training in key areas appropriate to the needs of the people they supported. Staff told us that they had received a good induction and were shown how to support people safely and effectively. The registered manager told us that all new staff were required to complete the Care Certificate. The Care Certificate is a training course which enables staff who are new to care to gain the knowledge and skills that will support them within their role.

Staff received the training they needed to support people effectively. Training was a mixture of e-learning and face to face. Training records confirmed staff had completed the registered provider's mandatory training. This demonstrated that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff received supervision and records showed that the registered manager had recently initiated appraisals for staff. Supervisions and appraisals are important as they are a two-way feedback tool for the managers and staff to discuss work related issues and training needs. Staff told us they felt well supported by management who were always available if they needed any support or guidance. This demonstrated that staff had a structured opportunity to discuss their practice and development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff we spoke with confirmed they had received training and had an understanding of the key principles of the MCA and DoLS. Staff understood the importance of consent and described to us how they gained people's consent to their care and support

and helping people to make choices on a day to day basis. One member of staff told us, "If people are able to make their own decisions and choices we need to respect that and allow them to make their own decisions." Where required people's mental capacity had been assessed and any decisions were made in their best interests in the least restrictive way in line with legislation. Where people had been deprived of their liberty records showed that appropriate applications had been made to the local authority for a DoLS authorisation.

People were supported to enjoy a choice of food and drinks to meet their nutritional needs. Care plans contained information on people's preferences together with any individual support or encouragement they needed. During our inspection we observed a positive mealtime experience. Dining tables were set up prior to meals being served with a tablecloth, napkins, cutlery and vase of flowers. We also observed the mealtime experience for people who stayed in their rooms; they told us that their meals were hot and tasty. Feedback from people included, "[Cook's name] knows I don't like fish and chips on a Friday, so does me salmon and mash instead." Another person told us, "We have fresh vegetables, except at the weekends when the cook's off, it's a bit different then, not as good."

People's weight and nutritional intake was monitored in line with their assessed level of risk. Staff recorded people's food and fluid intakes so this could be monitored although we did find some gaps in recent records for two people which were immediately addressed by the registered manager. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

People were supported to access healthcare services as required such as the district nursing team, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. Care records demonstrated the service worked effectively with other health and social care services to help ensure people's care needs were met. During our inspection we heard staff contacting health care professionals to ensure people's healthcare needs were met.

## Is the service caring?

### Our findings

We received variable feedback from people about the care and support provided. One person told us, "When I'm worried I can't talk to the staff because they're busy." Other comments included, "Staff are good to us, it's just they're too busy, all round I think they're good; I've got good relationships with them all." And, "They're alright, kind and quite friendly I suppose, I've got no complaints."

We asked relatives for their views and they were all complimentary about the service. Comments included, "We're happy with the care here, I think staff are good." And, "I come once a week, everyone's always been very kind to (person's name) in front of me." During our inspection we observed staff interacting with people in a kind, caring and respectful way and kneeling to people's eye level and offering reassurance where required.

People had their privacy and dignity respected. Throughout our inspection we saw people and staff were relaxed in each other's company. People were addressed by their preferred names and staff were able to describe to us how they promoted privacy and dignity for example keeping people covered up as much as possible and closing doors when providing personal care, knocking on doors before entering people's rooms and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth.

People were supported to maintain their independence. One person told us, "The girls push me to do more for myself; I ask them to because I know I should be doing more than just lying here." All the staff we spoke with told us how it was important for people to do as much as they could for themselves if they were able to, for example washing or dressing themselves.

People were encouraged to maintain relationships with friends and families. Visitors were welcome and could visit at any time and we observed people receiving visitors throughout both days of our inspection.

People's diverse needs were respected and recorded in their care plans. The registered manager said that staff would support people to access religious services should they require this. A regular religious service was held at the service.

The service had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager informed us that one person was currently being supported to access advocacy.

Care plans we looked at contained end of life care plans which documented people's preferences and choices for their end of life care. We noted some of the care plans contained limited information and the registered manager told us this was a sensitive area for some people and their relatives and that the service was committed to ensuring people received good end of life care.

## Is the service responsive?

### Our findings

Before people came to live at the service their needs were assessed to see if they could be met by the service. Information from the assessment process was used to develop people's care plans to ensure they received personalised care that was responsive to their individual needs. We saw that care plans outlined how people preferred to be supported and what staff could do to assist people to maintain their independence. Care plans were regularly reviewed and where a person's needs had changed care plans had been updated to reflect the new information. Staff handovers were also undertaken between each shift which included updates on people living in the service. This ensured there was continuity of care for people and that any changes in their needs were clear at all times to ensure their wellbeing. This meant that the care provided by staff was up to date and relevant to people's needs.

The service had a weekly activities programme which was displayed in the dining room. Activities such as bingo, manicures/hand massage, book club and armchair exercise were offered every morning and afternoon. However on the first day of our inspection we observed staff providing limited activities, occupation or stimulation during the afternoon. A television was on in the communal lounge which some people were seen not to take an interest in. We asked people about the activities provided at the service. One person told us, "Not much goes on here; I'd like a bit more to do." Two people told us how they had enjoyed a quiz which had been organised in the lounge, but that there had not been to anything else similar since. Another person said, "They do have a regular man who sings but it's not my sort of music."

We discussed people's feedback with the registered manager. They told us they had recently allocated dedicated hours to a member of staff to plan and provide activities. We spoke with the member of staff who had been delegated this responsibility. They were very passionate about their role and committed to providing meaningful activities and told us about the activities they would be introducing. They went on to say they had received no guidance on how to engage and involve people living with dementia. We saw that there was limited information contained in care records for people living with dementia on how their dementia affected their ability to participate and to be supported in taking part in activities. We discussed this with the registered manager who advised they would explore what training was available and ensure the care plans for people living with dementia were updated to reflect this information.

Regular residents meetings had been held where people had the opportunity to be involved in the day to day running of the service. We looked at the minutes of the last residents meeting. These confirmed that various topics had been discussed at the meeting such as activities and environmental improvements.

The service had a clear policy in place for dealing with complaints. Records showed that complaints had been dealt with appropriately in line with the registered provider's policy.

## Is the service well-led?

### Our findings

At our previous inspection in February 2016 we found improvements were needed to ensure staff were effectively deployed to ensure people received timely support that met their needs. At this inspection we found that, although the registered manager informed us they were delivering additional care hours over and above people's assessed needs and staff felt there were enough staff, our observations and feedback from people demonstrated there were still improvements required regarding the deployment of staff. This had resulted in a breach of regulation in terms of staffing. The provider had not sufficiently improved their monitoring and oversight to ensure the deployment of staff was effective and what this meant for people receiving care.

At our last inspection we found the registered provider's quality assurance systems were not effective or robust and they were not meeting the regulations regarding good governance. This meant that the service was not effectively being run for the benefit of the people using the service. We asked the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the registered provider shared with us on 29 April 2016 their action plan detailing their progress to meet regulatory requirements. At this inspection we found that improvements had been made.

The service had a registered manager in place who was also the registered provider. They were supported by a deputy manager who had been promoted to their role in November 2016. Both managers were visible within the service and knew people well. One person told us, "[Manager's name] is a lovely man. We could ask to see him; he'd change things if really necessary." A relative told us that they felt 'the home seemed well-run, and that the management had been very helpful in organising their loved one's stay'.

The service had a positive culture that was open and honest. Throughout our inspection management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced. Staff had a good knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. They told us they felt supported and valued and shared the registered provider's philosophy to provide good quality care. One member of staff told us, "It's a passion for caring, seeing people and being able to help individuals; it's what I love to do." Another said, "I like helping people. I don't see my grandparents so I treat the residents as members of my own family."

People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. For example, meetings were held regularly, surveys were undertaken and a suggestion box was available to post any feedback or raise concerns. The registered manager operated an 'open door' policy and relatives were able to visit anytime to speak with them.

There were systems in place to regularly monitor the quality and safety of the service being provided. Regular checks and audits such as health and safety, medication and the fire system were undertaken to ensure people's health and welfare. The registered manager was able to demonstrate to us that they were continually reviewing quality assurance processes to enable continuous improvement. They were also able

to demonstrate learning from incidents; for example we found that the registered manager had taken immediate steps to minimise risks to people following a recent incident. A quality monitoring visit by the Local Authority was undertaken in December 2016 and showed that a score of 81.7% had been achieved by the service. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

Personal records were stored in a locked office when not in use. Up to date information and guidance was available to the registered manager and staff on the service's computer system that was password protected to ensure that information was kept safe.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements.