Miss Caroline Cox

Essington Manor Care Home

Inspection report

41 Broad Lane
Essington,
Wolverhampton,
WV11 2RG
Tel: 01922 406596
Website: www.essingtonmanorcarehome.co.uk

Date of inspection visit: 6 May 2015
Date of publication: 30/06/2015

Ratings

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

Overall summary

This inspection took place on 6 May 2015 and was unannounced. At our previous inspection in July 2013 we did not have any concerns.

The service provided care and accommodation for up to 43 older people and consisted of two large detached houses on the same site. At the time of this inspection 39 people used the service.

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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for and where other people are having to make this decision for them. The provider did not

Summary of findings

consistently follow the guidance of the MCA and ensure that people who required support to make decisions were supported and that decisions were made in people's best interests.

People told us they felt safe, secure and comfortable. Staff were aware of their responsibility to protect people from harm or abuse. They told us they were confident that any concerns they reported would be acted upon.

Staff had a good knowledge of people's individual care needs, risk assessments and care plans were completed to reduce the risk of harm to people.

Staffing levels were sufficient, people did not have to wait for help and support when it was needed. People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

People told us they enjoyed the food, had plenty to eat and drink and had lots of choice. Where people needed support with eating, staff provided the level of support that each individual person required.

People had access to a range of health care professionals and were supported to attend appointments when required.

People told us they were happy and felt well cared for by the staff and management. Interactions between staff and people were kind, caring and compassionate. People's privacy and dignity were respected. All the visitors we spoke with told us they were made welcome by the staff in the home.

Leisure and recreational activities were provided in house and in the community, these were either on a one to one basis or in groups. People could choose whether they wished to participate or not and staff respected their choices.

People who used the service told us they felt well supported by the management and staff worked well as a team. The safety and quality of the home was regularly checked and improvements made when necessary.

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?

Good

The service was safe. There were sufficient numbers of staff to meet people's individual needs and keep people safe. People were protected from abuse and avoidable harm in a manner that promoted their right to independence.

Risks to people's health and wellbeing were identified, managed and reviewed. People received their medication as it was prescribed.

Is the service effective?

Requires improvement

The service was not consistently effective. The principles of the MCA were not consistently followed to ensure that decisions were made in people's best interests.

People told us they had sufficient to eat and drink each day and their nutritional needs were met. Staff told us the training they received supported them to effectively deliver good quality care. People had access to a range of health and social care professionals.

Is the service caring?

Good

The service was caring. People told us the staff were kind and considerate. We saw staff were compassionate and patient when supporting people with their care needs. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs. Recreational and leisure activities were arranged for people to enjoy either on a one to one basis or in a group. People's preferences to participate or not were respected.

Whenever possible people were involved with the planning of their own care. When this was not possible, where applicable, people's representatives were involved.

Is the service well-led?

Good

The service was well led. Staff told us they felt well supported by the registered manager and the management team. People were asked their views and experiences of the home at regular intervals.

Effective systems were in place to regularly assess, monitor and improve the quality of care.

Essington Manor 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 was 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.

This inspection took place on 6 May 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with 15 people who used the service and six visitors. We did this to gain people's views about the care. Some people who used the service were unable to speak with us, so we spent time in the lounge areas and observed the interactions between people.

We spoke with the registered manager, the quality assurance managers, one care support manager, four members of care staff, the activity coordinator, catering and domestic staff. This was to gain information on how the service was run and check that standards of care were being met.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, incident, accident and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

Without exception people told us they felt safe, secure and comfortable at the service. A visiting relative told us: "I feel I am able to leave my relative for a day for the first time in three years. This is the best place of all, staff do their very best to ensure my relative is safe and comfortable".

Most staff we spoke with were able to tell us the action they would take if they identified or suspected that people were at risk of harm. One staff member said: "I would report any abuse to the MASH team; the number is there look in the office". The Multi-Agency Safeguarding Hub (MASH) is the county's first point of contact for new safeguarding concerns and the sharing of information between agencies, helping to protect the most vulnerable adults from harm, neglect and abuse. The registered manager told us: "Ten members of staff have been enrolled on a 12 week Safe Guarding course to become Safe Guarding champions so with greater knowledge comes better/safer care for our residents". Staff we spoke with confirmed they were currently undertaking this training.

Staff were allocated each day to work in various areas of the home; they told us there were sufficient staff to provide care and support to people. We saw that staff were readily available to offer help and support to people when it was required. The registered manager told us additional staff would be available should people need additional care and support, for example when a person's health deteriorated.

We saw staff supported people when they needed help to move around the home in a safe way. People with limited mobility had been provided with individual walking frames, we saw that they were close by the person so that they could easily be accessed should the person wish to walk around. Assessment of risk was recorded electronically on the 'Care Management System', all staff had access to the electronic system and able to input information. The risk assessment we saw for a person with limited mobility had a corresponding care plan which detailed the equipment and support the person required.

Staff told us that some people were at risk of developing sore skin and pressure areas. Staff told us and we saw a generic skin integrity care plan was being followed, but there was no short term risk assessment or management plan in place to instruct staff on how they were to manage a person's current skin condition. However staff were able to give us a detailed account of the care and support needs of a person who was currently at risk of developing sore skin. The registered manager told us that visual checks were completed by two members of staff at the beginning of each shift change. This made sure that all staff were aware of people's health conditions, their current care and support needs and any concerns with regard to their safety and welfare.

One person had been assessed as being nutritionally at risk because of concerns with their daily food and fluid intake. Staff said there were times when the person refused to eat or ate very little. We asked to see the monitoring records but were told no food and fluid monitoring was currently taking place. When asked staff said the person was 'eating really well at the moment'. The person was unable to tell us about their eating habits but we saw that staff were attentive and offered food and drinks throughout the day. The registered manager confirmed that daily checks of people's nutritional needs was not routinely monitored but would be implemented when staff reported any changes or concerns.

Staff told us that the registered manager had followed safe recruitment procedures, checks to ensure that people were suitable and fit to work had been carried out prior to them being offered a position. New staff had a period of induction prior to starting to work unsupervised, so that they were aware of people's individual care and support needs.

We saw safe systems were in place to store and administer people's medications. Photo identification was evident on people's medication records to ensure staff identified the correct person when they administered medication. Some people were prescribed pain relief and it was clearly recorded when it had been administered. One person told us: "Staff ask if I want any tablets, I usually do have them as they make me feel better". We saw staff asked this person if they required any pain relief, they were then supported to take the tablets. Staff told us they received training in the safe administration of medication. One member of staff was undergoing a competency assessment so that the provider was assured that they were able to administer medication safely. The unit support manager told us that all staff who administered medication received competency checks at regular intervals.

Requires improvement

Is the service effective?

Our findings

Several people who used the service had dementia or mental health issues that at times meant that they required support to make decisions. We did not see capacity assessments had been completed to ascertain peoples' capacity to make informed decisions. People's consent care plans stated that if someone does not consent then a senior member of staff would make a best interest decision. Staff told us they did make decisions for people when it was appropriate for them to do so. For example, staff told us of a specific course of action that had been decided by the staff and agreed with some family members. When asked what staff would do if the person disagreed or wanted to overturn this decision staff were unable to tell us.

A senior member of staff had made a decision for one person to remain in bed because of an incident in the lounge which may have resulted in them coming to harm. This person lacked the capacity to agree to this decision. The decision was made that the person should remain in bed and only come downstairs for meals. We did not see any record of discussion or best interest meetings in regard to making this decision on behalf of the person. We were told by the senior staff member that it was discussed and agreed with the person's relatives; however no action had been taken to obtain external guidance or to provide any equipment to support this person with going into the lounge if they expressed a wish to do so. This course of action may result in the person's freedom being restricted, a DoLs referral had not been sent to the local authority for consideration or authorisation. The provider was not working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

This was in breach of Regulation 11, need for consent, and Regulation 13, safeguarding people from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff were very good at what they did. One person said: "The staff are very knowledgeable they know exactly what is needed and when". Staff told us they had received suitable training to give them the skills they needed to provide care and support. One staff member told us they had received training in dementia care and the training gave them a greater understanding of the needs of people who used the service. We saw staff were competent and knowledgeable when interacting and supporting people throughout the day.

Some people who used the service, for their personal safety, had their liberty and freedom restricted. The registered manager explained that some DoLs referrals had been sent to the local authority for authorisation and they were waiting an outcome. The DoLs protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. One person who was living with dementia was at risk of harm if they left the home alone. A DoLs authorisation was in place so that the person was safe. Staff had a good knowledge of this person and told us about the restriction and how they provided care and support to the person in the least restrictive way. The correct guidance had been followed in this case to ensure this restriction was lawful and in the person's best interests.

Some people had a Do Not Attempt Cardio Pulmonary Resuscitation order (DNACPR) on file. This is a legal order which tells a medical team not to perform CPR on a person. Where people were unable to make specific decisions, their representatives, doctor and other professionals were clearly involved in the decision making process.

Without exception people told us they enjoyed the food, with one person commenting: "The food is absolutely beautiful". The chef knew people well, they told us they communicated with the care staff to ensure people had the food they liked and enough of it. A visitor commented: "The chef is interested in preparing the right food and as my partner deteriorated he [the chef] was very, very good, and really interested to get it right." There were choices at each mealtime and soft and fortified diets were provided when this was necessary. Specialist equipment was provided to assist people with eating independently, for example lipped plates and adapted cutlery. Staff provided support to people with their meals on a one to one basis. It was a sociable time and staff made a great effort to ensure everyone was included in the mealtime experience.

People were supported to access a variety of health and social care professionals if required. Staff supported one person at the time of this inspection to a hospital appointment; they ensured the person was ready and prepared for the journey. The registered manager told us

Requires improvement

Is the service effective?

they provided end of life care. People's care was reviewed by the palliative care nurse and their doctor, to ensure they remained peaceful and comfortable. We saw a recent thank you card from a family member following the recent death of a person; they wrote that the care could not have been better in their relative's final days.

Good

Is the service caring?

Our findings

Staff knew people well and knew how to interact and engage at a level and pace suitable for each individual person. Staff were quiet, understanding and patient when supporting people with their care needs. Some people who were living with dementia had limited verbal communication and we saw staff gave them time to express their wishes and requests.

We saw two people become slightly anxious at lunch time; staff quickly and discreetly supported them and relieved their distress. People were offered choices and options of where to sit, what they would like to do and what they wanted to eat. A visitor told us about an occasion when staff had contacted them regarding some concerns they had identified: "Staff spoke to me about my partner not eating for them and asked if I would be prepared to come in and help with meals, I was very pleased to do this, to be involved and included in helping. My relative took the food from me where they would not from the staff. They actually put on weight after being here for a time".

Another person became anxious and unsettled about being at the service. The registered manager spent time with the person and explained the reason for them being at the service and the actions they would take to support the person during their stay. The person became less anxious and told us the registered manager [whom they referred to by name] had 'really helped them'.

One person who used the service said: "It's lovely here". A visitor told us the staff were kind, caring and their relative was happy and settled. They said: "It's such a lovely place, with lovely staff, it is very reassuring to know that my relative is being cared for well". The registered manager told us they encouraged staff members to enrol as dignity champions. Dignity champions are people who believe that being treated with dignity is a basic human right, not an optional extra. Dignity champions are responsible for the promotion of dignity in services. Staff had been provided with dignity challenge cards, and how to meet the challenges was discussed at the team meetings.

A member of staff showed us their challenge cards that they kept with them at all times. Staff were vigilant with upholding and preserving people's privacy and dignity, we did not see anyone's privacy and dignity was compromised during our time at the service.

Good

Is the service responsive?

Our findings

A relative told us: “My relative can no longer understand what is happening so I act on their behalf. I see the staff at regular intervals and discuss any changes and then review the care plan. It’s the least I can do we have been married for a long time and I know this is what they would want me to do”. Three other visiting relatives told us they had been involved in the care plan from the moment their relatives were admitted to the home and had been involved throughout and at every stage. One person commented: “My partner and I are included in discussing and agreeing the care plan, I am telephoned immediately if any changes occurred to discuss any potential changes”. Staff we spoke with told us they discussed the care with people whenever possible.

Most people told us they enjoyed the leisure and recreational activities that were arranged. One person told us: “It is really lovely here but I think there could be more activities arranged. There are some exercise groups but more would be beneficial”. Another person told us how they enjoyed the garden, we saw that flower and vegetable plants had been provided and planted in the garden beds. A programme of recreational activities was arranged for people both in house and in the local community. People were involved in a variety of activities during our visit. A group of people were playing dominoes and skittles. Some people received nail care and visited the hairdresser. Not everyone liked to join in the group activities, we saw people reading the daily newspapers, watching television, sitting quietly or speaking with other people. Staff respected this and were responsive to people’s choices and preferences. The registered manager told us that some people liked to attend to household jobs that they had completed whilst they were at their own homes. To support people with their preference light weight carpet sweepers had been purchased.

People told us they would be comfortable speaking with the registered manager if they had any concerns or complaints with the service. The registered manager told us no complaints had been made recently but we saw that three people had completed comment cards which were readily available in the reception areas. A quality manager told us they were currently arranging to meet with people to discuss the comments. They told us that they had identified that improvements were needed in the laundry and the provision of activities. Action had been taken to ensure improvements were made, new systems of work had been implemented in the laundry and an activities coordinator had been recruited.

Good

Is the service well-led?

Our findings

Without exception people told us the registered manager and management of the service were open, welcoming and approachable. One person said: “We respect the manager and feel completely supported completely by her”. There were clear lines of accountability and responsibility within the various staff teams and staff knew who to report to.

The registered manager told us about the recent introduction of weekly working lunch meetings. The heads of departments within the home, together with healthcare specialists and doctors met to discuss the health and social care needs of people or any other issues that may have arisen. The registered manager told us this improved the communication links between the various disciplines and ultimately improved the quality of the service provided.

Regular meetings were held with staff to discuss working practices, research and development issues. Staff told us they found the meetings helpful and they felt able to openly discuss any issues within the team meetings. Any suggestions for improvements were considered by the registered manager and management team and implemented when necessary. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

Systems were in place to seek people’s views and experiences of the home. People had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, the environment and the staff. The registered manager told us that all comments and suggestions were looked at and improvements were made when needed. Recent improvements included a review of the laundry; new systems of working had been implemented.

The registered manager explained the recent restructuring of the management arrangements. Two people had been appointed as quality assurance managers to support the registered manager with the day to day running and management of the home. The registered manager told us: “The quality assurance managers will provide a clear action plan for achieving the quality goals, with designated leads and timeframes wherever possible”. We spoke with the quality assurance managers they explained their roles and areas of responsibility. They told us they were enjoying the challenge and the plan for taking the role forward.

Checks and audits were completed at regular intervals throughout the year by the quality assurance managers and care support managers. These were then checked and analysed by the registered manager. Current improvements included a re-fit of the main kitchen and further developments to the garden areas.

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 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.