

Eleanor Palmer Trust

Eleanor Palmer Trust Home

Inspection report

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Date of inspection visit:
01 June 2017

Date of publication:
11 July 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 29 November and 13 December 2016. Breaches of legal requirements were found. We rated the service as Inadequate, placed it in 'Special Measures,' and served three enforcement Warning Notices on the provider because of the potential impact on people using the service. These were in respect of safe care and treatment, meeting nutrition and hydration needs, and good governance.

We undertook a focused inspection on 7 March 2017 to check that the Warning Notices had been addressed. We found this had not occurred in respect of safe care and treatment, and good governance. Additionally, we identified a further breach of legislation regarding staffing levels. The service remained in 'Special Measures' and we undertook further enforcement action. The provider sent us an action plan in respect of the three breaches.

We undertook this focused inspection, of 1 June 2017, to check that the provider had followed their plan and to confirm that they now met the legal requirements relating to the three breaches. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eleanor Palmer Trust Home on our website at www.cqc.org.uk.

Eleanor Palmer Trust Home, also known as 'Cantelowes House,' is a care home that is registered to provide accommodation and personal care for up to 33 people and specialises in dementia care. The home is run by The Eleanor Palmer Trust, a voluntary organisation. There were 21 people using the service at the time of this inspection. This was because, following our December 2016 inspection, the provider had made a decision to temporarily stop admissions into the service until care delivery concerns were addressed.

There had been no registered manager in post since May 2016. 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. A new manager had been appointed in February 2017 and had applied for registration as manager of the service.

At this inspection, we found that breaches of legislation identified from our last inspection had been addressed. There were now enough staff deployed to work at the service. This helped keep people safe and enabled their needs to be met. There was better interaction with people, and greater activity provision. People were hoisted safely. There was now documented guidance on when to offer people their as-needed medicines, in support of these being provided when needed. The lounge was also kept at an appropriate temperature.

People were receiving good support with their nutrition and hydration needs. We generally found that healthcare professional advice was being acted on, to support the health and welfare of those the advice

related to. Staff were being supported to uphold appropriate skills to help ensure effective care.

There were improved governance systems in place including new auditing processes and refinements of other processes, which helped identify and address service risks. The effectiveness of the management of the service was evident through improvements to the overall care provided to people.

There were some areas requiring further improvement. Records of the care provided to people were more accurate and complete. However, there was insufficient consistency of records in support of effective care evaluation. Systems of individual risk assessing and care planning were improved, but the process had not yet been completed for everyone using the service. We also found that a sensor mat was not in one person's room to help prevent night-time falls, despite this being part of their care plan.

Due the feedback from some staff and checks of records, we have recommended that the provider review its whistle-blowing policy and the effectiveness of the procedure against national guidelines, to ensure it supports a positive working culture at the service.

Nonetheless, people using the service and their relatives all said they would recommend the service. As one relative put it, ""No place is ever perfect but this one has a good service and staff are really friendly."

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, the service remains in breach of some regulations arising from the last comprehensive inspection which we did not check on at this visit as we were checking on breaches relating to enforcement action we took. We will check on remaining breaches at the next comprehensive inspection.

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 safer than at our last inspection but not yet consistently so. Systems of individual risk assessing and care planning were improved, but the process had not yet been completed for everyone using the service. A sensor mat was not in one person's room to help prevent night-time falls, despite this being part of their care plan. The rating also reflects that there are breaches of legislation from the last comprehensive inspection that we will only be checking at the next inspection.

There were now enough staff deployed to work at the service. This helped keep people safe and enabled their needs to be met. There was better interaction with people, and greater activity provision. People were hoisted safely. The lounge was also kept at an appropriate temperature.

There was now documented guidance on when to offer people their as-needed medicines, in support of these being provided when needed.

Requires Improvement ●

Is the service effective?

The service was more effective than at our last inspection but not yet consistently so. Records of the care provided to people were more accurate and complete. However, there was insufficient consistency of records in support of effective care evaluation. The rating also reflects that there is a breach of legislation from the last comprehensive inspection that we will only be checking on at the next inspection.

People were receiving good support in terms of nutrition and hydration needs. We generally found that healthcare professional advice was being acted on, to support the health and welfare of those the advice related to. Staff were being supported to uphold appropriate skills to help ensure effective care.

Requires Improvement ●

Is the service well-led?

The service was more well-led than at our last inspection but not yet consistently so. We have recommended that the provider review its whistle-blowing policy and the effectiveness of the

Requires Improvement ●

procedure against national guidelines, to ensure it supports a positive working culture at the service.

There were improved governance systems in place including new auditing processes and refinements of other processes, which helped identify and address service risks. The effectiveness of the management of the service was evident through improvements to the overall care provided to people, and because breaches of legislation identified from our last inspection had been addressed by the time of this visit.

There had been no registered manager at the service since May 2016. However, a new manager had been in post at the last two inspections, and had applied for CQC registration.

Eleanor Palmer Trust 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 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 an unannounced focused inspection of Eleanor Palmer Trust Home on 1 June 2017. This inspection was done to check that the provider now met the legal requirements relating to the three breaches identified at our previous inspection in March 2017.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The inspection was carried out by one inspector, and an Expert by Experience who is a person who has personal experience of using or caring for someone who uses this type of care service. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not meeting some legal requirements in those areas.

There were 21 people using the service at the time of our inspection. During the inspection process, we spoke with seven people, six people's relatives, five care staff, three other staff members working in the service, the manager and the CEO. We also received feedback from two health and social care professionals.

During our visit, we looked at selected areas of the premises including some people's rooms and we observed care delivery in communal areas. We looked at care records of five people using the service, and some management records such quality auditing tools and staff meeting minutes.

Is the service safe?

Our findings

At our last inspection, our findings included that there were not enough staff deployed to work at the service, as staffing levels had been cut without checking that people's needs could still be safely met. There was therefore not enough staff to support people to have their lunch in a timely manner during our visit. The lounge was very warm during the inspection, and exceeded the maximum temperature of official guidance. We noted many people slept there, and there was insufficient support and stimulation for people with greater dependency needs. There was no documented guidance on when to offer people their as-needed medicines, and so these were not always given when needed. Individual risk assessments were not kept consistently up-to-date, and some people did not have care plans relating to specific support needs, so as to help keep people safe. This meant the provider was in breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook further enforcement action against the provider for these regulatory breaches, because of the potential impact on people using the service.

At this inspection, we found that the provider had addressed the majority of the above concerns relating to safety.

There were more staff working in the morning, including five care staff and a senior staff member. This was what the provider and manager advised us of soon after the last inspection. Staff feedback, and staffing rosters across the last month, indicated that the increased staffing levels had been maintained, and that there was sometimes a second senior staff member working in addition to the usual staffing levels.

People and their relatives told us there were enough staff working to meet needs. People comments included, "I think so yes, they have enough staff" and "Yes, I think so, I mean I don't have to wait too long for anything." Relatives told us, "They have enough staff, yes" and "Yes I think so, some of them are new, but before they didn't have enough."

The additional staff deployment had a positive impact on people and helped keep them safe. During the morning and the afternoon, staff provided support to people such as with drinks and mobility. There were staff to support people to have their lunch in a timely manner. People did not have to wait long to be served, people were provided with support to eat where needed, and there was a calm atmosphere across lunch.

We saw marginally less people sleeping than at the previous inspection, but staff interacted more with people, including supporting some people that slept to join in with the gardening session. People told us of being aware of activity sessions, but many were not interested. A relative said, "I know they do some activities, but Mum needs more engagement I think." There were more activity resources available such as puzzles and soft balls which care staff said they tried to engage people with.

A review of the last two weeks' activity provision showed a variety of sessions on both mornings and afternoons, and some provision of time for people who did not participate in any of the sessions. The manager told us of ongoing work to improve activity provision at the service. We will review activity

provision and people's engagement further at the next inspection.

At this visit, on a warm day, the lounge was kept at a cool temperature. People told us staff attended to them in respect of this, for example, "It can be quite cold sometimes, but they (staff) do something about it." A relative confirmed, "There was a time when she told me it was cold in the lounge and staff reacted well and closed the windows and stuff like that." There were now records of twice daily checks of the temperatures in the lounge, with guidance on maximum and minimum temperatures, which assured us that proper attention was paid to the temperatures that people experienced. We also noted that staff supported people in the garden to apply sun-block.

People and their relatives told us the service was safe. People told us, "I do feel safe, I have been in other places and this one is far the better" and "The staff are very good here, they help us a lot." People had no concerns with getting around the service safely. Relatives' comments included, "Everything is fine, Mum is quite happy and definitely safe here" and "I am sure she's fine here and she feels safe."

At our last visit, people were not always hoisted between chairs and wheelchairs comfortably. On this occasion, we saw staff asking people's consent to be hoisted, talking with them throughout the process, and undertaking the manoeuvre safely and comfortably. There were always two staff involved. One person told us, in respect of being hoisted, "I don't particularly like it but I think they (staff) do it well." Staff could correctly explain to us which slings to use according to the person's size and weight. They and the manager added that further slings were on order with the objective of ensuring everyone had individual slings. The manager added that some people's medicines had been reviewed, to ensure that they had painkilling medicines in advance of hoisting manoeuvres. We saw that this was part of those people's care plans.

There were other ways in which attention was paid to people's safety. We saw staff checking on people after breakfast. One person was noted not to have their walking stick, but it was promptly found and provided to them. When another person was being hoisted into a seat, staff realised that a pressure cushion was not in place on the chair but quickly acquired one before the hoisting manoeuvre took place. There was no rushing of people needing support to eat at lunch. Accident records indicated appropriate action was taken in response to falls, such as through hourly monitoring, first-aid treatment, or calling 999. Records showed regular employee checks of fire equipment and procedures, bedrails, and of safe water temperatures. The first-aid kit in the office no longer contained out-of-date items.

One person had had recent community falls clinic advice according to records in their file. This included for using a sensor mat connected to the alarm-call system, by which to help night staff recognise that they had got up and hence provide support quicker. Whilst staff told us of the mat being in place, it was not in the person's room when we checked. Senior staff told us it had probably been moved to another person's room as that person had recently been identified as at greater falls risk, which accident records confirmed. A sensor mat was found in that person's room. The manager told us of ordering additional sensor mats in light of these findings. However, systems of minimising risk to people using the service had not been fully effective in this instance.

People told us they received as-needed medicines such as for pain relief in a timely manner. Their comments included, "We don't have any problems getting what we need" and "It's reasonably easy yes, I can speak with the senior carer."

The service had individualised protocols in place which covered the reasons for giving 'when required' medicines, what to expect and what to do in the event the medicine did not have its intended benefit. Senior staff were aware of the protocols. For one person receiving this sort of medicine in respect of their

anxiety, records showed minimal use, liaison with the manager about appropriateness of the use, and records of attempting other support first, in line with the person's care plan.

The service had improved on ensuring there were consistent systems for keeping people's individual risk assessments and care plans up-to-date in support of providing them with safe care. This included for pain management, nutrition, and support with anxiety. These showed detailed recognition of the person's individual needs and preferences, and of the support staff were to provide to keep the person safe. For example, one person's plan now guided staff on how to initiate interaction with them, how to communicate with the person, and that involvement of the person was necessary throughout. We saw the approach working in practice. Some of the person's care records demonstrated how the support provided to them helped them to engage well and experience a better quality of life.

Most people's falls risk assessments and related care plans had been reviewed and updated extensively since our last inspection. For one person, this included night-time care, for which we saw relevant equipment in place. There were records of trying to acquire community healthcare professional input and related equipment, and of the service funding some equipment themselves, to help minimise safety risks. The person's care plan for mobility now included pain management guidance, for which medicine administration records indicated that the plan was being followed. A staff member told us the person was more settled overall since the new guidance was put in place. The falls risk assessment and associated care plan had been reviewed and updated for another person who had had a recent fall resulting in an injury.

We noted that the updated care planning process had not, however, been completed for everyone using the service. For example, there was a record in the health section of one person's care plan of Speech and Language Therapist (SALT) advice a week before our visit. The advice had not been added to the person's care plan. However, the cook and a senior staff member were both aware of the advice, and we saw the advice being followed at lunch. Another person had had a few falls during the previous month. Whilst their falls risk assessment and care plan had been updated since our last inspection, there was no record of further review of the risk assessment following the additional falls. However, the care plan did have a handwritten entry to reflect the further falls and advising staff on amended actions to help keep the person safe. There was also a record of referring them to the community falls clinic for advice. We concluded therefore that action was taken to minimise risks to people's safety but completion of records was not consistently up-to-date. We will check further on the robustness of the risk assessment and care planning systems at the next inspection.

Is the service effective?

Our findings

At our last inspection, we found records of the care provided to people were still not consistently accurate and complete, particularly people's care delivery records and where needed, food and fluid charts. This undermined appropriate care practices and meant information could not always be easily accessed when needed. We also noted some ways in which the lunchtime meal experience could have been improved on. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook further enforcement action against the provider for this regulatory breach, because of the potential impact on people using the service.

At this inspection, records of the care provided to people were more consistent, accurate and complete. Where needed due to greater welfare risks relating to nutrition and hydration, people's food and fluid charts were up-to-date, and we did not find that they contradicted other records. The food charts detailed the food provided and how much was eaten, so that the person's nutritional intake could be monitored. Fluid charts recorded what and how much each person had drunk. However, they did not provide a total fluid intake for the day, by which to help review the person's overall intake and guide on whether the support was working well or not. We brought this to the manager's attention, who agreed to implement a more effective fluid intake monitoring process.

People's individual care delivery records were now more accurate and complete. Some entries give a detailed individual picture of how the person was engaged and the support they received. A staff member told us of one person being supported to go out for a walk the previous day, to support their emotional well-being and as per revised care plan guidance. There was a record of this in the person's care delivery records.

Records about people's care were better demonstrating that aspects of their care plans were being followed, and so were more accurate and complete. One person's dietary support plan, on dietitian advice, advised for them to be offered two glasses of full fat milk daily. Staff told us this was occurring, and the person's food and fluid charts made regular reference to a milk-based drink being consumed.

Where two people had behaviour charts in place by which to monitor episodes where the service was challenged by their behaviour, records in these sometimes matched entries in the person's care records. However, the care records sometimes omitted that there had been any behavioural concern despite there being an entry of concern on the behaviour chart. We brought this inconsistency to the manager's attention, as this did not support the effective evaluation of these people's care. We concluded that records about people's care had improved, but improvement was still needed, particularly around consistency of records in support of effective care evaluation.

There was mainly positive feedback about the food and drink provided. People's comments included, "The food is very good, and we don't have to wait too long either", "I like it and the service is quite good too, I don't think I have to wait for anything" and "For me breakfast is the best meal here, but I don't like lunch, the food has no taste." Relatives were positive about meal provision, for example, "She does not mind the food at all, she's happy and they also provide good service too, with choices and alternatives."

Staff paid a lot of attention to trying to support people to eat and drink. Drinks were regularly given to people, and as it was a warm day, ice lollies were also provided. People confirmed that there was regular support and encouragement to drink. Comments included, "We have drinks throughout the day" and "I just have to ask for it; sometimes there's no need to ask because they (staff) just give it to you."

During the morning, people were asked which of the meal choices they would like for lunch, but we were told that this could still be changed at lunch. The manager told us lunch was now taking place at 13:00, to enable there to be enough time to digest food after breakfast. Lunches were well-presented and included vegetables such as asparagus and peas. People were asked if they wanted second helpings. Staff supported people where needed, but encouraged their independence where possible. They listened to people's comments and tried to address matters.

There continued to be evidence of people gaining weight where this was appropriate. Records in people's care files indicated regular reviews of their weight and dietary intake, in support of promoting their health. Senior staff could also tell us whose weight had improved in line with care plans, and who was being referred for dietitian support due to ongoing concerns.

The service continued to liaise well with community healthcare professionals in support of meeting people's needs. People's feedback indicated no concerns here, telling us, for example, "They help us with anything we want really" and "The doctor would be called in". Records for one person showed that they no longer needed the support of the local district nursing team as an ulcer had healed. Staff could tell us of the recent recommendations of an occupational therapist in respect of another person's mobility needs. These were recorded in the person's care file where a detailed mobility care plan was also in place.

A relative told us that their family member was "back to their old self" in the last few months at the service. A staff member added that the person was now eating independently again, and so had regained independence skills at the service. This helped to demonstrate effective care of this person.

We noted that people were well-presented from the start of our visit, meaning that staff had provided appropriate support where needed. A number of females using the service had seen a hairdresser and had nails painted, and males using the service were clean shaven. This indicated that people were receiving effective care.

The manager's training matrix showed that care staff had been supported to update their training on key topics such as fire safety, safeguarding and dementia. The process was almost complete for training on nutrition, and for moving and handling training which a few staff were now competent to train others on. Further training was needed for a few areas such as food hygiene training, but it was evident that many staff had undertaken it again this year, and the matrix identified which staff still needed it. This assured us that staff were being supported to uphold appropriate skills in support of providing effective care.

Is the service well-led?

Our findings

At our last inspection, the service continued to have ineffective governance systems as there were insufficient improvements to the health, safety and welfare of people using the service despite us serving three enforcement Warning Notices on the provider soon after the previous inspection. We also identified safety risks that the management team and the provider had not recognised or addressed, particularly in relation to incidents relating to individuals using the service. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook further enforcement action against the provider for this regulatory breach, because of the potential impact on people using the service.

At this inspection, we found improvements had been made to the overall care provided to people, and there was improved governance. Breaches of legislation identified from our last inspection had been addressed by the time of this visit.

People and their relatives were reasonably satisfied with the overall service provided and said they would recommend it to others. For example, one person told us, "I feel very well and safe here and I would recommend." Relatives' comments included, "I cannot fault this place at all, I only have good things to say about this place" and "The atmosphere is pretty good here, there are little things they have to change but overall they alright." Another relative told us of "great staff" and that the manager was very approachable and dealt with matters. A healthcare professional also commented positively about the service. The feedback about the atmosphere and the approach of staff matched our observations during our visit.

The service had not had a registered manager since May 2016. The manager at our last inspection, who started in that role in February 2017, remained in post and was present during this inspection. They had applied for CQC registration as manager of the service.

The CEO continued to undertake monthly audits of the care service on behalf of the provider. The process now paid attention to the findings of our last report along with a range of checks of the standards of care and people's views. Action planning was built into the process. This supported the effective governance of the service. There were additionally occasional records of Trustee visits that considered a range of areas of scrutiny. Trust board meeting records, in respect of the care home, were also made available to us. These showed top-level scrutiny of how the service was operating and explained how significant decisions were made.

The role of deputy manager had been recruited to, on a part-time basis, since our last inspection. The manager told us the deputy's role included guiding staff on appropriate care and helping to address the previously identified service shortfalls. There were now regular audits in respect of specific matters, such as for medicines management, wound care, and infection control. The audits identified what worked well and what needed improving on. The recent medicines audits also put forward matters for discussion with the GP, such as for medicines often being refused and as-needed medicines that were being taken regularly. There were also ongoing audits of accidents and incidents, and weekly progress and monitoring reports to

the provider. These processes assured us of improving governance of the service, as care risks were being identified and addressed.

There were now incident records in respect of one person who occasionally left the service unsupervised and contrary to their care plan. The manager had signed awareness of the records. The person's care plan and risk assessment had been reviewed and updated, shortly after our last inspection, in respect of this behaviour and the safety measures in place. There was an additional update a few weeks before this visit, to reflect that the person may be expressing a different need to that previously identified. Staff we spoke with were aware of this. This helped to show ongoing review of the person's needs and associated safety risks. Formalising a regular review of the available recorded information would further benefit this reviewing process.

During the inspection, we gave the manager a list of records to be copied to us as part of the inspection process. These were all provided in good time, which helped assure us of a well-run service.

The service had held a meeting for people and their relatives since our last visit. People's views were listened to, and the manager explained plans for development of the service, some of which were now evident at this visit. We also noted that the rating from our last inspection was conspicuously displayed at the entrance to the service.

A relative told us, "The manager has introduced uniforms and badges so it looks more professional, and as a result of that he has also opened the doors for me, feels good to come here whenever I want." We saw that all staff had uniforms and most had name badges on. The manager explained that this also helped people with dementia and visual impairments to recognise that it was staff approaching them for support.

Some staff told us that morale at the service was worse than at the previous inspection. Whilst no-one had concerns with teamwork, and they acknowledged improvements in the care provided to people, they told us of no longer feeling the management team were approachable. For example, one staff member told us of being criticised by the management team for sitting and talking with people using the service. This contrasted with the recent staff meeting minutes which included a statement from the manager that this was one of the three core things he wanted from staff. This mixed message was not supporting a positive and empowering working culture.

The manager and the CEO told us that clear guidelines for staff roles had been recently issued at the staff meeting, in support of ensuring everyone worked together to meet people's care needs. A copy of the guidelines explained that the service was running out of time to make necessary improvements. Staff confirmed to us that they had copies of these guidelines. Whilst the guidance was quite stark insofar as disciplinary action was stated as a possible consequence of performance shortfalls, it also guided staff on performance expectations and on support structures. The written guidance was not unreasonable in helping to ensure that necessary service improvements were made.

Staff told us of knowing how to whistle-blow, but some said they did not have confidence that the process was safe and effective to use. Staff confirmed that a copy of the whistle-blowing policy was recently sent to them. We noted that the policy failed to include contact details of most relevant people and organisations cited in it. It did not state what records would be made of any whistle-blowing disclosures, and what review of the effectiveness of the process would be made. As such it was not an entirely supportive process that helped to promote a positive culture.

We recommend that the provider review its whistle-blowing policy and effectiveness of the procedure

against national guidelines, to ensure it supports a positive culture at the service.