

Anthony Brown

Elreg House

Inspection report

58 Rosslyn Road, Shoreham By Sea, West Sussex,
BN43 6WP
Tel: 01273 454201

Date of inspection visit: 14 September 2015
Date of publication: 30/10/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection at Elreg House on 20 and 22 April 2015. Breaches of legal requirements were found and we took enforcement action against the provider. We issued warning notices in relation to the management of consent and good governance. The overall rating of the service was Inadequate and Elreg House was placed into Special Measures. As a result we undertook a focused inspection on 14 September 2015 to follow up on whether the required actions had been taken to address the previous breaches identified, and to see if the required improvements, as set out in the warning notice had been made. This report therefore 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 (Elreg House) on our website at www.cqc.org.uk

After our inspection on 20 and 22 April 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to dignity and care; safe care and treatment, person centred care, premises and equipment, good governance, staffing, safeguarding service users from abuse and improper treatment and the need for consent.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found

Summary of findings

improvements had been made with some areas. However, further areas for improvement were identified in order to improve further some practices in relation to meeting people's nutritional needs, 'as required' (PRN) medicines and the provider's quality assurance framework.

The overall rating for Elreg House remains as Inadequate and continues to be in Special Measures. The purpose of Special measures is:

- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in Special measures will be re-inspected again within six months. If insufficient improvements have been made, the service can come out of Special measures and the overall rating can be revised.

We will review the overall rating of Inadequate at the next comprehensive inspection where we will look all aspects of the service and how the improvements have been sustained

People received their medicines on time and medicines were stored in line with legal requirements. However, the stock levels for 'as required' (PRN) medicines were not accurate and the provider was unable to demonstrate the actual quantity of PRN medicines they held. We have identified this as an area of practice that needs improvement.

People confirmed they were involved in making daily decisions on what they wished to eat. One person told us, "There are lots of things to eat and I'm able to choose." A menu was on display and people had regular access to drinks and snacks. However, the oversight of people's nutrition was an area that needed improvement as food and fluid charts were not consistently recorded. Guidance was not consistently in place to ensure people at risk of malnourishment sustained their weight and the risk of further weight loss was minimised. Further consideration was needed to ensure all food was fortified and nutritious.

On-going work was needed to ensure feedback was acted upon and changes made in light of feedback received. A newly appointed manager was in post but who was not

yet registered with the Commission. Staff spoke highly of the manager and their leadership style. One staff member told us, "The manager is straight to the point which is needed."

The provider had taken action to improve the safety and delivery of care people received. Risks had been appropriately identified and robustly addressed both in relation to people's specific needs and in relation to the service as a whole. Staff were aware of people's individual risk assessments and knew how to mitigate the risks. There was constant monitoring and reassessment of risks which ensured that staff took actions to protect people.

Staffing levels were based on the individual needs of people. A dependency tool was in place which assessed people's level of need and the number of staff required to provide safe, effective and responsive care. Staff were seen spending time with people and the delivery of care was person centred rather than task oriented.

People's dignity was respected and upheld. People responded to staff with smiles and laughter was heard throughout the inspection. CCTV (surveillance) was no longer in use at Elreg House. Thought and consideration had gone into improving the design and layout of Elreg House. Memory boxes were in place and the provider had recreated the feel of a 1950s sweet shop with old fashioned sweets readily available for people.

A dedicated activities coordinator was in post that was responsible for the oversight of stimulation, interaction and meaningful activities. The management team was committed to providing meaningful activities for people and recognised further work was required to achieve this goal.

Systems were now in place for the prevention of infection control. Standards of hygiene and cleanliness had significantly improved. The provider was committed to the on-going improvement of the home and had sourced additional input to help provide management oversight and address all information of concern.

Mental capacity assessments were now completed in line with legal requirements. Deprivations of Liberty Safeguards (DoLS) authorisations were in place and care plans clearly identified if someone was subject to a DoLS. Staff could clearly tell us who was under a DoLS and the management team had been working with staff to raise awareness of DoLS and the impact DoLS had on people.

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?

Elreg House was not consistently safe. Improvements had been made from the last inspection, and based on the evidence seen we have now revised the rating for this key question to 'Requires Improvement'.

The stock levels for the use of 'as required' (PRN) medicines were not accurate and the provider was unable to demonstrate the actual quantity of PRN medicines they held.

Risk assessments had been reviewed and clear guidance and advice was now in place for staff to follow to provide safe care to people. A dependency tool was now in place which ensured staffing levels were based on the individual needs of people.

Requires improvement



Is the service effective?

Elreg House was not consistently effective. Oversight of people's nutritional needs required improvement. Food and fluid charts were not consistently recorded and did not include people's nutritional intake in-between meals.

People were able to make daily decisions over what they wished to eat. Mental capacity assessments were now in place and completed in line with legal requirements. Care plans contained clear information if a person was subject to a Deprivation of Liberty Safeguard (DoLS).

Specialist input had been sourced to provide effective dementia care and the management team was committed to ensuring all staff members had a firm understanding of dementia and received dementia training

Requires improvement



Is the service caring?

Elreg House was caring and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have now revised the rating for this key question to 'Good'.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Thought and consideration had gone into the making the environment dementia friendly and creating an environment that promoted people's wellbeing.

Good



Is the service responsive?

Elreg House was responsive and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have now revised the rating for this key question to 'Good'.

Good



Summary of findings

A dedicated activities coordinator was in post who was committed to providing stimulation and engagement for people. People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing

Is the service well-led?

Elreg House was not consistently well-led. Further improvements were required to acting upon feedback received. A newly appointed manager was in post but not yet registered with the Commission. Based on the evidence seen we have now revised the rating for this key question to 'Requires Improvement'.

Staff spoke highly of the manager. They provided strong leadership, led by example and had a zero tolerance of bad practice. Systems were in place to monitor and review incidents and accidents.

A robust quality assurance framework was now in place and communication within the home had significantly improved along with staff morale.

Requires improvement



Elreg House

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. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection of all aspects of the home on the 20 and 22 April 2015. The comprehensive inspection identified numerous breaches of regulations. We undertook an unannounced focused inspection of Elreg House on 14 September 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection on the 20 and 22 April 2015 had been made.

The inspection team consisted of two inspectors and a specialist advisor in dementia care. During the inspection we spoke with six people who lived at the home, the manager, deputy manager, activities coordinator, chef, three care staff and providers. Following the inspection, we contacted three relatives to obtain their views about the delivery of care at Elreg House.

We looked at areas of the building, including people's bedrooms, the kitchen, bathrooms, and communal areas. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the home. These included staff training records, minutes of meetings, Medication Administration Records (MAR) charts and policies and procedures. We looked at seven care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Elreg House. This is when we looked at people's care documentation in depth and obtained their views on how they found living at Elreg House. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulations 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments lacked sufficient guidance and detail. Staffing levels were inadequate and did not allow for people to receive personal and individual care that safely met their needs. Clear guidance for the use of 'as required' (PRN) medicines was not in place and people were not protected by the prevention and control of infection.

Due to the concerns found at the last inspection, we found people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 10 August 2015. Improvements had been made in the management of PRN medicines. The provider is now meeting the requirements of Regulations 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Elreg House. One person told us, "It's very good here." Another person told us, "Nothing wrong with it here." The management team and staff expressed a strong commitment to providing care in a safe and secure environment.

People living with dementia can sometimes exhibit behaviours that challenge such as agitation and aggression. The use of medicines such as anti-psychotics can be administered to help manage these behaviours. Guidance produced by the Alzheimer's society has advised that often the administration of anti-psychotic medicines is unnecessary or inappropriate. The manager had been working in partnership with the GP to review all anti-psychotic's medicines and confirmed most people had their anti-psychotic medicines discontinued or changed to PRN (as required). The manager told us, "We also identified everyone who was at risk of falling and prescribed anti-psychotic medicines. We felt the medicines may be contributing to the falls, so it's good that either the medicine is discontinued or now PRN."

PRN medicine should only be offered when symptoms are exhibited. Clear guidance and risk assessments must be available on when PRN medicine should be administered and the steps to take before administering it. At the last

inspection in April 2015, we found people were being administered PRN medicines on a regular basis and risk assessments failed to reflect the steps to take before administering the medicine. Documentation was now in place which recorded when PRN medicine was administered, the strength, reason for administration and the outcome. Documentation confirmed people were not administered PRN medicines on a regular basis. People's individual care plans contained behaviour support plans, these included guidance on the steps to take if someone presented with agitation or aggression. However, the care plan failed to reflect that people were prescribed PRN medicines and to follow these steps if certain behaviours present. If there's no avail, for PRN medicines to then be administered. However, staff confirmed these were the steps they would take before administering the medicine. One person's care plan recorded for staff to offer the person a hot drink and interact on a one to one basis, engaging and ensuring the person feels listened to. The management team confirmed they would amend the behaviour care plan to include reference to the administration of PRN medicines.

Accurate records of stock levels is required to ensure people can receive their medicines as and when required and medicines do not run out. We checked the stock levels of PRN medicines against the stock levels recorded. We found recordings did not reflect the actual stock level. One person had received their PRN medicine from the pharmacy on the 13 August 2015. The Medication Administration Record (MAR chart) failed to record the quantity of medicines received and if medicines were carried forward from the previous month cycle. Therefore accurate stock levels were not recorded and the provider was unable to account for the quantity of medicines. We have therefore identified this as an area of practice that needs improvement.

Previously, the delivery of care was based on staffing numbers rather than individual preference and individual need. Staff did not have time to spend with people and staffing levels were inadequate and consequently placed people at risk. Improvements had been made. The manager told us, "Since I've been in post, I've been out on the floor, providing direct care to ascertain how it is, how busy it is and what staffing levels we need." Throughout the inspection, we spent time observing the delivery of care. Staff were continually present in communal areas and provided one to one interaction with people. Most staff and

Is the service safe?

people felt staffing levels were adequate. One staff member told us, “Staffing is much better now.” One person told us, “There is definitely enough staff.” However, one staff member raised concerns over the staffing levels on one specific day whereby they felt staffing levels were inadequate. We brought these concerns to the manager and went through the staffing rota. On the day in question, one member of staff had called in sick and therefore the manager and deputy manager provided cover. The manager told us, “In the event of sick leave we also have a pool of bank staff.” Relatives also commented they had noticed an improvement in staffing levels.

A dependency tool was now in place to ensure staffing levels were based on the individual needs of people. The management team told us, “People’s individual needs are assessed; we consider mobility, nutrition, continence and personal care. We consider if they have low needs, required prompting, medium or high needs. Using this, we need consider the number of staff employed, the hours they are contracted and the number of hours care required.” The management team also confirmed they gained feedback from staff on how they felt staffing levels were and utilised the forum of handovers to continually discuss staffing levels. Each shift was overseen by a member of the management team. At weekends, team leaders also led shifts to provide management oversight. The management team told us, “Previously staff had no direction, therefore their time management was not effective or efficient. We have a strong management team, overseeing staff and continually assessing staffing levels.”

One of the biggest barriers to enabling people with dementia to have more control over their lives is an overly cautious approach to risk. People living with dementia should be supported to live autonomous independent lives, whilst being supported to take day to day risks. The manager told us, “It’s important people living with dementia have meaning to their life and are supported to be independent. Since I’ve been in post, I’ve been monitoring how and if we are meeting people’s needs. If we aren’t, why haven’t we been? What is their behaviour telling us? I’ve ascertaining people’s triggers and what is causing certain behaviours. One person used to continually pace. Through monitoring this behaviour, I identified that they were pacing when they felt they weren’t being listened to or didn’t have anything to do. Since we’ve identified this, there haven’t been any incidences of behaviours that challenge.” The management team also told us of one

person who had previously been challenging and didn’t engage with staff or care interventions. Input was sourced from the dementia crisis team and the person is now much calmer, engaging with staff, coming out of their room and again, there had been no more incidences of behaviours that challenge. Staff recognised the importance of positive risk taking and commented on how they supported people to take positive risks. One staff member told us, “We enable people to take risks, such as going outside and going out on the mini-bus.”

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Behaviour support plans were now in place which provided guidance for staff to follow if people exhibited certain behaviours such as agitation, frustration or aggression. One person didn’t have an understanding of others personal space which could consequently cause distress to others and to themselves. Clear guidance was in place for staff to follow which included taking the person away from the situation, one to one time or going for a walk in the garden. Staff members confirmed they found care plans and risk assessments provided sufficient information and advice for them to follow to provide safe care to people. One staff member told us, “Risk assessments inform us of what risk there is and how to support someone to manage the risk.” Despite individual risk assessments being updated, they did not consistently contain information on what may be the trigger for the behaviour. The management team had spent significant time ascertaining people’s triggers, but this knowledge was not consistently transferred into the person’s care plan for staff to easily identify. For example, in relation to the person who had been challenging, but was now calmer, there was no reference to this in the person’s overall care plan. Therefore the good practice undertaken by staff was not documented or transparent in the care plans. We brought this to the attention of the management team who identified how this could be improved.

The last inspection in April 2015, identified concerns with the management of infection control. Bathrooms were dirty with strong unpleasant odours and relatives raised concerns regarding the standards of cleanliness and hygiene. Armchairs throughout the home were soiled and wet, with a sample of armchairs having plastic bags covering the cushions. Significant improvements had been made. One relative told us, “There are no unpleasant odours anymore.” New armchairs were throughout the

Is the service safe?

home, the provider had signed up for the 'best practice audit to support good infection control in care homes.' Unpleasant odours were not present and the home smelt fresh, with domestic staff present throughout the day. A robust infection control audit was in place which identified shortfalls in the management of infection control. An action plan was implemented which included the implementation of a clear cleaning regime for regular decontamination and deep cleaning to take place. Robust cleaning schedules

were now in place which provided clear guidance of what was expected from domestic staff on a daily basis. This included 'empty bins, descale/clean toilets, clean under beds, replenish soap, clean and Hoover floors, dust furniture and wash all dining tables and chairs.' Throughout the inspection, we checked people's individual bedrooms and communal bathrooms. Bins were empty and the environment was clean and tidy.

Is the service effective?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulations 9, 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mental capacity assessments were not completed despite decisions being made in people's best interests. Care plans failed to demonstrate whether a person was subject to a Deprivation of Liberty Safeguards (DoLS) and what it meant for the individual. People's ability to make daily choices was taken away from them and people were not able to consistently make decisions about food.

The concerns identified at the last inspection found significant failings and the delivery of care was not effective. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 10 August 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 9, 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. However, some on-going work is required around the management of nutrition.

People commented they were able to make decisions on what they wished to eat. One person told us, "There are lots of things to eat and I'm able to choose." Another person told us how they enjoyed the food on offer and how they now enjoyed other people cooking for them.

At the last inspection in April 2015, we raised concerns that people's ability to make day to day decisions on what to eat was taken away from them. This was because often only one mealtime choice was offered and the chef made decisions about what people would be having for suppertime. Improvements had now been made and people were now actively involved with decisions about what they wished to eat at every meal time. The management team told us, "There are two options at lunchtime and a menu is now in place for suppertime." We spent time observing the lunchtime meal, tables were laid with brightly coloured table cloths, condiments were to hand for people to flavour their food as they so wished. People were given options on what they wished to drink. The menu options were displayed on a white board to provide a visual prompt.

Although people now had choice of what to eat we found that there were some areas of managing people nutrition

that could be improved upon but we did not consider this to be a breach. We spent time looking at the overall management of people's nutritional needs. Each person had a nutritional screening tool which considered if they had difficulty swallowing or required assistance with eating. However, the tool was not totalled to assess the person's overall nutritional score and risk level. Where people weighed 40kg or less, guidance was not consistently in place to ensure their weight remained stable and the risk of any further weight loss was minimised. Weights records confirmed no one was experiencing any significant weight loss and on occasions people had gained weight. For people living with dementia and living in a care home they are at higher risk of becoming malnourished. Consideration should be given to fortified meals, high protein snacks and meals. We asked the chef if they fortified the meals which they advised they did not. The management team later informed us that all meals should be fortified and the ingredients were readily available to do so. We also queried what mechanisms were in place to ensure that any dietary requirements were met and how they ensured all meals were nutritious. On the day of the inspection, for vegetarians, the meal option was pasta with tomato sauce and cabbage. We questioned where the protein in the meal was alongside what consideration was given to ensuring meal options promoted people's nutritional intake. The management team recognised that some further good practices could enhance people's nutritional intake by better partnership working with kitchen staff.

Food charts were in place where staff could record people's nutritional intake, however, recording was not consistently completed. We looked at a sample of food charts and found staff did not always record how much the person had eaten, or there was no recording at all. Where recording had identified people had only eaten half of their lunch and a third of supper, we questioned what mechanisms were in place to ensure nutritional intake was then promoted the following day. The management team told us, "In staff handover, we would discuss if someone wasn't eating much and if food and drink needed to be pushed. People also have regular snacks and finger foods but this isn't recorded which is something we need to start doing."

People looked well-nourished and hydrated. However, further consideration was recommended to ensure people received nutritional support that promoted calorie intake and the risk of further weight loss was minimised.

Is the service effective?

We recommend that the service considers the Social Care Institute for Excellence: Dignity factors - Eating and nutritional care guidance.

The Mental Capacity Act 2005 (MCA) is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability to make their own decisions and place them at the heart of the decision making. The MCA 2005 should only be instigated when it is felt the person has an impairment or disturbance of the mind/brain and at a particular time, they may be unable to make a decision. The MCA 2005 is decision specific and it needs to be assessed whether the person can retain, weigh up, understand and communicate the decision. For mental capacity assessments to be completed in line with legal requirements, they must adhere to the code of practice and legislation.

The management team told us, "We always assume capacity, but when the need arises, we have undertaken capacity assessments." Documentation confirmed capacity assessments were completed in line with legal requirements. They were decision specific and recorded the steps taken on how the decision was reached. The management team talked us through one assessment of capacity they had completed. The decision was whether the person could use their call bell safely, or whether it would be in their best interest to increase staff supervision. The management team told us, "The person could communicate their decision, but when I went back to see if they had retained the information I provided them with, they unfortunately hadn't." A best interest decision was made which considered the person's feelings, wishes and what would be the least restrictive option. The management team told us, "The person didn't understand the call bell system and following a recent fall where they didn't press their call bell, we feel they lack capacity to make this specific decision and in their best interest we are going to increase staff supervision and move their commode closer to their bed."

Consideration was also given to mental capacity within people's individual care plans. Guidance was provided to staff follow, this included, 'always assume that the individual has capacity to make decisions until proven otherwise. Support them as much as possible to make their daily decisions. Remember they have a right to make what others might regard as an unwise decision.' Specific areas

of care were also explored, such as personal care, nutrition, getting up in the mornings, nutrition and medication. For one person, staff had ascertained if given two options, they would be able to decide independently what they would like to eat out of the two options. Staff members recognised the importance of giving people choices and gaining consent from people. One staff member told us, "Residents should have choice and consent promoted." Another staff member told us, "We give people options and if they are unable to verbally tell us, we monitor facial expressions and body language."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS form part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care settings are looked after in a way that does not inappropriately restrict their freedom, in terms of where they live and any restrictive practices in place intended to keep people safe. Where restrictions are needed to help keep people safe, the principles of DoLS ensure that the least restrictive methods are used. The management team told us, "We have applied for DoLS for everyone living at the home. Some have been authorised by the local authority, we are still awaiting outcomes for some applications we submitted."

Where applications had been authorised, the front of the individuals care plan clearly stated a DoLS authorisation was in place. Staff members were aware people were subject to DoLS. One staff member told us about one person and the reason for their DoLS authorisation. They told us, "This lady is unaware of personal safety, so if she went out alone, she would be at risk." Staff recognised that for people living at the home, the impact of the DoLS application should not infringe on their freedom or independence. One staff member told us, "Staffing levels are good enough to allow staff to take people out." The management team also spent time assessing staffs understanding of DoLS. The manager told us, "We do case studies with staff whereby they read a scenario and are asked questions about mental capacity and DoLS in relation to the case study." The manager showed us some completed examples and commented that the process enabled staff to really understand DoLS and what it means.

Good dementia care involves understanding of the disease, delivering personalised care and seeing the person as an individual. Specialist input had been sourced from various organisations, such as dementia matrons and the care

Is the service effective?

home in-reach team. The care home in-reach team had started a 16 week programme with the home offering workshops to staff and the management team on how to provide person centred care planning and dementia care mapping. An action plan was in place, which provided detail on what the programme would consider and the planned outcomes of the programme. Areas to focus on included communication, dementia awareness, the resident's perspective of dementia and challenging behaviour. The management team told us, "We want to provide the best dementia care possible and the input from other organisations is helping us understand how we can deliver person centred care. We are also interested in implementing the butterfly approach (an approach in

dementia care recognised by dementia care matters). We have started researching the approach, but feel we need to really understand and implement person centred care before we move onto the butterfly approach."

At the last inspection, we raised concerns regarding the effectiveness of the dementia training and that not all staff had received dementia training. Training schedules demonstrated that some staff still had not received dementia training. The management team advised that all staff had been booked onto a day's training course and would also be attending the workshops provided by the care home in-reach team. The manager told us, "We are committed to ensuring all staff have a good understanding of dementia and receive adequate training."

Is the service caring?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's dignity was not maintained. CCTV was in use, but without any consideration to people's Human Rights, under the European Convention of Human Rights. The environment was not dementia friendly and did not promote people's well-being or independence.

The concerns identified at the last inspection found Elreg House was not consistently caring. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 10 August 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People spoke highly of staff. One person told us, "Staff listen to me." Another person told us, "It's lovely here, I've made a good friend and got a very comfortable bed." One relative told us, "I'm very happy, (person) is in good hands." Observations of care found that staff had built rapport with people. They clearly knew their likes, dislikes, personality traits and life history. One staff member told us, "We have one lady who is always laughing, loves wearing jewellery and her hat." Throughout the inspection, we observed staff sitting down or kneeling when talking with people. Eye contact was maintained and staff used humour and touch whilst engaging. People were called by their first name and people responded to staff with smiles.

A safe, well designed and caring living space is a key part of providing dementia friendly care. Guidance produced by Social Care Institute for Excellence identified that a well-designed dementia environment includes the use of signage and memory boxes to help orientate people. Considerable thought and consideration had gone into the environment and design of Elreg House since the last inspection. Memory boxes were in place to help orient people to their bedrooms. Alongside memory boxes, bedroom doors held pictures of people and pictures of importance to them which again helped them locate their

bedroom independently. The provider had recreated the look of an old sweet shop with sweets from the 1950s around the home in individual pots with paper bags for people to pick the sweets and place the sweets into the bag. A large board was displayed in the dining room which provided the date, time and weather for people in large print and picture form to help people's orientation to time and place. Pictures of icon symbols (such as tube lines) were displayed throughout the home, for people to reminisce about their past or act as triggers for people to talk about their past. Stimulation was available throughout the home such as a coat stand with various hats, wigs and items of objects for people to pick up.

People's privacy and dignity has not always been upheld at Elreg House. For example, at the last inspection, we observed people standing and walking around in trousers being wet from incontinence. Their dignity was not respected and feelings of self-worth were not promoted. The manager told us, "We have identified people who need support to access the toilet and we now regularly provide support or prompting. Through regular orienting people to the toileting and guiding them, we have been promoting people's independence with toileting and they are now coming to us telling us when they need the toilet." Staff maintained documentation of when people were supported with their continence needs. Throughout the inspection, we observed staff members discreetly asking people if they would like to go to the toilet. When people advised they didn't need to. Staff regularly went to the person ensuring their continence needs were met.

At the last inspection, Elreg House deployed the use of CCTV (surveillance) outside the home and inside (communal areas and hallways) for the purpose of safety and investigating incidents. However, there was no documentation to confirm people living at the home had been informed of the use of CCTV and the impact this may have on their privacy and dignity and Human Rights (Human Rights Act 1998). The provider told us, "After consideration, it's all been turned off. We decided that the reasons for having it were not relevant." CCTV signs had been removed and staff confirmed that CCTV was no longer in use.

Is the service responsive?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a significant lack of stimulation and interaction for people. Meaningful activities were not offered and staff members also raised concerns regarding the lack of activities.

The concerns identified at the last inspection found significant failings and the delivery of care was not responsive. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 10 August 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engagement in meaningful activities is important for good dementia care. It can help people to maintain a level of independence and functional ability, and improve people's quality of life. As with other aspects of caring for people living with dementia, understanding personal preferences and abilities will help to provide truly meaningful engagement and activities. At the last inspection, there were significant failings in the delivery of activities for people living with dementia. Improvements had been made. A dedicated activities coordinator was now in post who worked five/six days a week and thought and consideration had gone into providing meaningful activities based on people's likes and life history.

Each person had an activities folder which explored their life history and suggestions of activities the person may enjoy. One person used to work in a bakery and used to enjoy acting in pantomimes. They also enjoyed knitting, the sound of music and reading. Suggested activities included finding activities that were short such as knitting as the person struggled to retain attention for long periods of time. Each month, the activities coordinator would review people's progress with activities and how people were finding the activities. One person's activities review identified they were participating in activities more and they appeared to enjoy arts, crafts, dancing and listening to music. The review also identified that the person really enjoyed helping around the home. Daily activities log were also in place which recorded what activities people did on a daily basis.

Various activities were on offer, these included: cake decorating, gardening, pet visits, quizzes, chair exercises, outings, skittles and puzzles. On the day of the inspection, we observed a game of balloon exercises. People were asked if they wished to join in, for those that said no, the activities coordinator asked if there were any activities they wished to do later. To one person, they asked if they would like to watch a musical later. The person replied, commenting they would enjoy that as they enjoyed musicals. Chairs were arranged so people could easily participate in the activity. Laughter was heard throughout the activity and people enjoyed the engagement. A mini bus was also available to take people out and about. The provider told us, "We go out for trips and I also take people out one to one. We have recently been out to the pier and out for cake." One person told us, "There's lots to do and lots of activities." Another person told us, "I like going out in the garden and looking at the flowers." One relative told us, "There are more activities on offer now. The activities coordinator knows my loved one used to like gardening, so they've taken advantage that and been doing hanging baskets with them."

The activities coordinator told us, "I try and do group activities and one to one activities with people. Recently we have been doing gardening. Yesterday we did hanging baskets and have also been doing up the raised garden beds. I try and spend time with people who prefer to be in their bedrooms. One person likes to be read to while another person loves walking around the garden." Daily newspapers were delivered to the home for people to read. Throughout the inspection, we saw people reading the newspaper and spent time talking to people about the local news.

Doll therapy was used by the provider. Doll therapy is a form of therapy for people living with dementia. People have real life dolls which can provide them with comfort and brings back memories of parenthood and of being useful and needed. The management team told us that a few people at the home enjoyed having their dolls and they also sourced a pram for people to use. The provider told us, "One person really enjoys pushing the pram around and it provides them with a real sense of purpose." Throughout the inspection, we saw women holding and engaging with their dolls. One staff member told us, "One lady has a doll and every morning we have a giggle getting her and her doll ready."

Is the service responsive?

The management team recognised that some people liked to be involved in the running of the home. The manager told us, “We have some residents who like to fold napkins, lay the table and butter bread. One person enjoys coming into the office with me and going through the paperwork with me.” However, the provider and management team recognised on-going work was required to make activities continually meaningful and ensure people receive regular stimulation and interaction. Throughout the inspection, we identified three people who spent the whole day in the dining room. We queried what thought had gone into ensuring stimulation and objects were around for people to pick up and engage with, such as puzzles or games. We also queried what consideration was given for people who did spend all day in the dining room and didn’t participate in activities. How to engage with them and promote them to pursue their individual interests. The management team advised that some on-going work was needed to provide

activities that were person-centred and acknowledged that the care home in-reach team would be working with the activities-coordinator to promote and develop further meaningful activities.

Staff were committed to providing personalised care. Staff told us how they spent time getting to know people and provided care accordingly. One staff member told us about one person who was very quiet and never left their room. Now, the person is engaging, coming downstairs and interacting with other people. Staff told us how they slowly built a rapport with the person and gained their trust. To create a personalised feel to the delivery of care, the management team identified for staff to no longer wear uniforms, but to wear their own clothes and pyjamas at night. The management team felt removal of uniforms would create a homely feel and promote relations between people and staff. The management told us, “We are trying to be creative in how we can provide personalised care that meets people’s needs and promotes well-being.”

Is the service well-led?

Our findings

At the last inspection in April 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because incidents and accidents were not monitored for emerging trends, themes or patterns. Feedback from people and their relatives was not acted upon. Staff morale was low and communication within the home required improvement.

The concerns identified at the last inspection found Elreg House was not well-led. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 10 August 2015. Significant improvements have been made and the provider is now meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, on-going work is needed to ensure feedback is acted upon and changes are made in light of feedback.

Involving people in the running of a care home and acting upon their feedback is vital in creating a culture of transparency and integrity. Feedback and suggestions from people should be listened to and responded to. It should also be used in analysing the quality of the care provided and driving continual improvement. At the last inspection, feedback from people and their relatives was not acted upon. Since the inspection, any feedback received had been analysed with actions to make improvements. However, on-going work was required to ensure feedback was provided to both relatives and people following any suggestions made. One relative told us how they had a made suggestion but heard nothing back from the provider. The provider recognised on-going work was required and an action plan was in place demonstrating how they aimed to achieve that.

At the last inspection, concerns were raised regarding the oversight and management of incidents and accidents. Following an incident and accident, mechanisms were not in place to monitor incidents and accidents on a regular basis to help identify any emerging trends or themes. Such as if people were falling more at night or during the day. Robust mechanisms were now in place to monitor incident and accidents for any emerging, trends, themes or patterns. Following any incident or accident, management complemented an investigation and identified

recommendations to reduce the risk of any further incidents/accidents. For example, one person was found on the floor, the investigations summary identified the person's medicine had recently been reduced and the side effect of the reduced medicine could be increased sleepiness. The investigation summary felt the side effect of the medicine could have contributed to the person's fall and identified for increased monitoring and observations. On a monthly basis, incidents and accidents were audited to consider how many falls (witnessed and unwitnessed), time of the falls and if it's the same person falling. The audit for August 2015 identified no trends or themes, no particular time of day people falling or the same person falling. Therefore, the provider had systems and mechanisms in place to enable them to identify patterns or cumulative incidents.

Positive workplace cultures are central to an organisation's success or failure, and are never more important than when the service is providing people with care and support. Positive workplace cultures in social care not only address productivity and the health and wellbeing of staff, but also look to improve outcomes for those who need care and support services. At the last inspection, staff morale was low, with staff commenting they felt they had no time to spend with residents, feeling rushed and stressed. Improvements had been made and the culture and morale of the home was improving. The provider told us, "We have total transparency now. Staff feel able to approach me and I have more oversight of the running of the home now. We have been completely honest with staff, people and their relatives of our failings and how we intended to make improvements. Letters and meetings have been held with family members and staff have been kept informed. I want this home to be the best it can. It's been within my family for many years and the people living here are my family."

Staff felt morale was good and commented significant changes had taken place over the past few months. One staff member told us, "There is much better atmosphere here than there was previously." One staff member told us, "Since the new manager started there have been significant improvements and changes are already evident. They are driving us to make improvements." The management team recognised the importance of effective and open channels of communication. The provider told us, "Myself, the manager and deputy manager have weekly meetings to ensure communication is shared, any concerns are discussed and a positive working relationship is

Is the service well-led?

maintained.” Minutes from the management weekly meetings confirmed the kitchen, staff morale, care plans, staffing and residents were discussed. Following the weekly meetings, action points were implemented and followed up at the next meeting.

The management team had spent time improving the quality assurance framework governing the running of Elreg House. Robust quality assurance frameworks allow providers to assess, monitor and drive improvement and identify where quality/or safety is being compromised and how to respond appropriately and without delay. Audits were completed regularly to identify any shortfalls in practice. Audits are a quality improvement process that involves reviews of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. Care plan audits helped identify where care plans were missing information and how to make improvements to the design and formation of care plans. For example, one care plan audit identified further work was required on making the care plan personalised, and considering the perspective of the person and what was important to them. The provider was completing regular health and safety checks and the manager was completing a daily audit tool. On each day, a different area of practice was focused on. For example, medicines were the focus on one daily audit. The audit considered supply, storage, administration and self-medication.

Staff spoke with compassion for the job they do. One staff member told us, “I enjoy making everyone happy.” Another staff member told us, “I really enjoy working here.” Staff commented they appreciated the leadership style of the manager and found the management team to be approachable and supportive. One staff member told us, “The manager is straight to the point which is needed.” Another member of staff told us, “The manager leads by example and the provider is very involved.”

The management team were committed to making on-going improvements. The provider told us, “We have worked hard with a lot of input over the past couple of months, but more work is needed and we are committed to the continual improvements required.” The management team had been working in partnership with staff to keep them updated on all the changes. Staff meetings were held and utilised as a forum to discuss the changes. Minutes from the last meeting in July 2015, confirmed continence needs, cleaning, documentation, uniform, activities and training had been discussed. Staff confirmed positive changes had taken place over the past few months. Relatives also identified that improvements had been made. One relative told us, “They’ve really benefitted from the input they’ve had over the past few months and I’m happy with what they do.” Another relative told us, “There are clear improvements since April 2015.”