Elsenham House Limited

Elsenham House Nursing Home

Inspection report

49-57 Station Road
Cromer
Norfolk
NR27 0DX

Tel: 01263513564
Website: www.elsenhamhouse.co.uk

Date of inspection visit:
29 February 2016

Date of publication:
18 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 February 2016 and was unannounced.

Elsenham House is a residential home providing nursing and personal care for up to 36 people living with mental health conditions. At the time of our inspection 22 people were living in the home.

A registered manager was in post. The registered manager was also the provider and is referred to as the manager throughout this report. 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.

The service provided a safe standard of care for people. Staff knew how to keep people safe and understood how to make safeguarding referrals when necessary.

Risk management plans were in place in relation to each individual. These showed that people's mental health conditions and clinical histories were well understood. Assessments were carried out to determine whether people posed a risk to their own wellbeing or that of others. Management plans were in place to reduce the level of risk as far as was possible.

There were enough staff to meet people's needs. Robust recruitment processes were in place to ensure that staff recruited were suitable to carry out their role.

People's medicines were well organised and people received their medicines when they needed them.

The provider had a comprehensive staff induction and training system. Staff received regular supervisions and were encouraged to seek advice when necessary from more experienced colleagues.

The service understood and applied the requirements of the Mental Capacity Act 2005 in day to day practice.

Staff were patient, caring and took time to speak with people and listen to them and any concerns they might have. People were treated with dignity and respect and were keen to remain living at the home.

People were listened to and were able to make decisions about the care they received. They also had choice about how they wanted to live their lives. People were offered the support of an advocacy service to help them express their views and make sure their voice was heard.

People's care records were detailed and contained good information to help guide staff in how best to care and support people.

The service was well managed. The manager was positive about the people the service supported and encouraged and motivated staff. Staff felt well supported by the manager and nursing staff, Systems were in place to obtain people's views about the service and changes were made as a result. Suitable management checking systems were in place to ascertain the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm because risks had been identified and risk management plans put in place.

Staff understood how to keep people safe.

People were supported by staff that had been checked for their suitability to work in the home.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received regular training and supervision to ensure they were competent to support people.

People's consent was sought and staff respected people's wishes.

People had access to a range of health care professionals in order to maintain their wellbeing.

Is the service caring?

Good

The service was caring.

Staff promoted people's independence.

People were treated with dignity, kindness and respect.

People's privacy was maintained and their views were recognised and supported.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided comprehensive guidance

for staff in order to meet people's needs.

People agreed their goals in conjunction with staff.

Complaints were handled appropriately.

Is the service well-led?

Good

The service was well led.

Staff understood their responsibilities and were well supported by the manager and nurses.

Staff were clear about the standards expected of them.

Systems were in place to check the quality of the service, identify areas
for improvement and make the necessary changes.

Elsenham House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 29 February 2016 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with seven people living in the home. We made general observations of the care and support people received at the service throughout the day. We also spoke with the registered manager, the clinical nurse lead, one nurse and three members of care staff. We reviewed four people's care records and medicines administration record (MAR) charts. We viewed two records relating to staff recruitment as well as training, induction and supervision records.

We also reviewed a range of monitoring reports and audits undertaken by the manager and clinical lead nurse.

Good

Is the service safe?

Our findings

We spoke with seven people living in the home. Five of them told us they felt safe. One person told us that whilst they felt safe sometimes, at other times they felt bullied by other people living in the home and sometimes preferred to spend time in their room because of this. They went on to state, "…but I do have a few friends here." We spoke with the manager about this. They told us that due to the person's health condition they sometimes presented repetitive behaviours which could frustrate other people living in the home. Consequently, sometimes heated words were exchanged. We reviewed the person's care plan and these behaviours were recorded as well as detailed guidance for staff in how best to support the person if an incident occurred.

Staff told us that they had received training on safeguarding. They demonstrated to us that they understood how to protect people from the risk of abuse and harm. They said they were confident that any issues reported would be dealt with effectively by the nurses and the manager.

People living in the home had complex and long standing mental health conditions. The staff understood these which meant they could support people well when needed. This helped to keep themselves, the person and others living in the home safe. Crisis plans were in place for those who were at risk of a breakdown in the stability of their mental health.

Risk assessments were in place for a wide range of risks specific to individuals. These included smoking, behaviour management, self-harm and going out into the community. We noted a risk assessment in place for one person who was concerned about being poisoned. Clear instructions were provided to staff on how to support this person with their anxiety about this. Another person had requested to manage their own medicines. A comprehensive risk assessment had been carried out to ensure that it was safe for them to do so. This had been regularly reviewed. Checks were also carried out to ensure that the person was taking their medicines correctly and on time.

We observed a lot of mutual respect between staff and people living in the home. The staff were confident and able to support people with complex needs and behaviours calmly. This sense of order helped maintain a safe environment.

People were supported by staff that had been checked for their suitability to be employed to support people. Staff told us about the recruitment process they went through. We reviewed the recruitment files for staff members employed recently and found that the provider had obtained appropriate references and police checks to ensure staff were suitable to work at the home. Staff had not commenced duties until all necessary checks had been satisfactorily completed.

Five of the six people we spoke with told us that there were always staff around to support them. Staff members told us that there were enough staff on a day to day basis. During our inspection we observed that there were enough staff members available to support people. Two nurses were on duty during the daytime, with one on duty at night. There were four care staff members available to support people during the day.

One person required one to one support throughout the day and this was received. Two staff members were on duty overnight, one of whom was a sleep in staff member. The provider told us that some staff members lived on site and were often willing to pick up extra shifts if required. We saw that one staff member had done this in order to support someone with an emergency admission to hospital, so that a full complement of staff could remain in the home.

People received their medicines when they needed them. Medicines were stored safely so that only authorised staff were able to access them. One person was unable to swallow tablets and required their medicines to be in a liquid form. We saw where medicines required crushing that professional advice had been sought to ensure that they would still be effective once crushed and that they would be absorbed at a safe rate.

When prn (as required) medicines had been prescribed for people the service followed protocols to guide staff as to when it would be appropriate to administer them. These showed what alternative actions staff needed to consider prior to administering a particular medicine and the circumstances when it would be appropriate to use the medicine. This guidance helped ensure that people's behaviour wasn't controlled by excessive or inappropriate use of medication.

Good

Is the service effective?

Our findings

The provider had a comprehensive training and support system in place to ensure staff had the necessary skills and knowledge to be able to assist people effectively. This included life support and first aid, equality and diversity, mental health conditions and end of life care. Nurses were supported with additional training, for example in relation to diabetes, blood monitoring and urinalysis. Staff were positive about the training they received and told us that they received regular supervisions during which their development was discussed. These sessions included discussions about work ethics and how to support people living with complex mental health conditions.

People told us that staff asked their consent. One person told us, "Yes and yes. They seek my consent and offer me choices. Ten out of ten."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty were being met.

One person was subject to a DoLS authorisation. The condition on the authorisation stipulated that the person needed additional one to one support for excursions out of the home. This was provided. The manager told us that when the person went out two staff members accompanied them.

Staff had a good understanding of the requirements of the MCA and mental capacity assessments had been carried out as necessary. People whose records we reviewed were usually able to make decisions about day to day matters. When they were not able to do so, due to being unwell, these decisions were made in their best interests and recorded.

Depending on their level of independence some people made their own meals with staff support in their houses whilst other people ate together in the main dining room attached to the larger house. One person told us, "Mostly I like the food." Another person told us, "The food is very nice."

A white board in the kitchen held details of people's likes and dislikes and any preferences in how they liked to be served. One person preferred to use a favourite mug for hot drinks. Another person declined to eat homemade meals, but would eat branded packaged foods. The clinical lead nurse told us that no-one required support from speech and language therapists and no-one presented nutritional concerns. If

people's needs changed they would seek the guidance of healthcare professionals such as dieticians or speech and language therapists. We saw from records we reviewed that the risk of malnutrition was regularly reviewed in respect of each person living in the home. The clinical lead nurse described what action would be taken if someone was at risk of not eating or drinking enough.

People living in the home were supported by a wide range of health care professionals. They were encouraged to attend routine health appointments. However some people declined on occasions. When this happened we saw that the service respected their decisions whilst continuing advising people on the benefits of the support available to them. People had access to their GP if they were unwell and had regular medication reviews. Psychiatrists, clinical psychologists and other mental wellbeing and health professionals also supported people as necessary.

Good

Is the service caring?

Our findings

Most of the people we spoke with told us that staff were caring and that their privacy was respected. One person told us, "Oh yes, it's good here." One person scored the service four out of ten for being caring, but would not elaborate on why this was. However, each person told us that they liked living in the home and that they wished to stay there. One person told us, "I am listened to." Another person said, "This place is a lot better than a hospital environment. I can come and go as I please."

The manager told us the client group consisted of people with very complex and often challenging needs who had struggled in other placements and had often been re-called to hospital. They told us that the service sought to help people adjust to a more regular domestic environment as far as was possible.

We observed an art group which was open to everyone and attended by five people. These people were focused on their art work and enjoyed what they were doing. There was light-hearted chat and jokes between people and the staff member running the group.

Staff were careful about what they said and where they said it, mindful of the importance of respecting people's confidentiality. We observed staff knocking on people's doors and waiting to be asked to enter before doing so. Staff spoke with people in a polite and friendly manner. One staff member told us, "What I like about here is I have time to talk to people and get to know their concerns by giving people time and letting them know you are listening." Another staff member told us that people were able to come and go as they wished and were supported in a way that they understood and were able to lead to a life they chose.

The service promoted people's independence. The premises comprised of separate houses in a terrace. Different houses supported people with different levels of independence. When people had gained confidence and skills they could move to a different house which offered a lower level of support with daily living. For example, people in some houses had set days when they bought food to make meals for the people living in their house. People were encouraged to talk about their personal goals and aspirations and these were planned with them. For example, we saw that goals had been set with one person for them to wash and dry their own clothes, cook food on the hob and use the microwave.

People told us that they were able to discuss their care with staff. We received different views about whether people had access to their care records. One person told us, "I have never seen my care plan." Another person said, "I know I have a care plan but I cannot remember off hand what it says." A third person said that they had helped to write their care plan.

The service understood that on occasions people would benefit from independent advocates to help them make some decisions about their care and their lives. We saw records showing that people had been offered the support of an advocacy service. Some people had chosen to accept this support and some had declined.

People received support to maintain and participate in the aspects of their culture they chose. Care records included people's social histories and cultural preferences, all of which helped staff support them in a way that people wished. People were asked about their beliefs and health and end of life preferences. One person attended a local church and had made their views clear about what interventions they wanted should they become unwell.

Good

Is the service responsive?

Our findings

People received care and support specific to their individual needs. Care records detailed how staff should support people and what people's preferences were. People's needs were assessed prior to moving into the care home and were reviewed and updated regularly. Keyworkers recorded regular conversations with people, during which their care and support was discussed with them. For example, we saw that one person's key worker had discussed with them whether they wanted any changes to the way they were supported with how they spent their time. Another discussion recorded showed how the person was progressing with their domestic skills and was praised for setting tables and doing their own vacuuming.

Care records were detailed. They gave a clear picture of people's needs, their preferences and the support they required to live their life how they wished. We saw what support techniques had worked with people, what didn't work and why. This in depth information told us how people often felt and their thoughts and concerns. It stated what could affect people in a negative way creating anxieties and how the right support would help avoid this.

Where people's needs had changed new care plans were made. We noted that following a period of poor health one person had begun to develop a broken area of skin on their sacrum. Nursing staff had completed a wound assessment chart and had detailed an intervention plan which specified what action was to be taken and how frequently. We saw that regular updates were recorded until the skin had healed.

People were encouraged to partake in activities both independently and within a group setting. However people were able to make a choice of whether to engage or not. Some people participated in a bowling league. There was also a cinema club where people went to the local cinema to see new releases. In the summer trips had been organised to stately homes, to see a seal colony and a local zoo. Some people had expressed an interest to get involved with gardening when the weather improved. The gardens to each of the houses were linked at the rear of the premises so people and staff could move between them.

People were encouraged to discuss activities and matters of interest to them at monthly resident meetings. We saw that people had requested to go to the Pier show at one meeting. Minutes of a subsequent meeting showed that this had been arranged and that people had enjoyed the event. One person told us, "We have a monthly meeting when we discuss things and things are changed because of these meetings."

People told us they had no hesitation in speaking with staff if they had any concerns. One person told us, "I can speak with the manager whenever I want." Another person told us, "We can always speak with staff here and they listen and take account of what we have to say." One complaint had been received in the 12 months prior to our inspection. Although the complaint had been brief in nature, extensive efforts had been made to investigate the incident. This demonstrated that the service took people's concerns seriously and helped ensure that people could be confident that any complaints would be comprehensively investigated.

Good

Is the service well-led?

Our findings

The service's ethos was to provide a safe environment where people received personalised support which aimed to empower them to achieve their own goals in life. For some this could mean independent living, but for others where this was not a likely outcome, the service believed that most people were able to regain some self-reliance with appropriate and targeted support. We saw throughout the inspection that this ethos was applied.

The managers and staff understood their duty to uphold the legislative requirements when people's placements in the home were subject to Community Treatment Orders or restriction orders under the Mental Health Act 2007. Staff were aware of their responsibilities and understood the standard of care and support that was required of them by both the manager and people they supported.

We saw that during staff meetings the manager encouraged staff not to be disappointed if people didn't always respond positively towards them or do tasks they had previously agreed to carry out. They reminded staff that people living in the home were there for a reason and that they wouldn't always do things as other people might.

Staff told us they were happy working at the home. One staff member told us, "I love my job and the staff team are so friendly." Another staff member told us they felt much supported by the manager and nursing staff and that they were "…learning all the time." They told us they found the senior staff and manager supportive and approachable. They said they could raise any concerns with them and were confident any issues would be addressed appropriately.

People's views were taken into account to help inform the manager about the quality of the service. A survey had been initiated in December 2015 to obtain the views of people, their relatives and healthcare professionals. Whilst the service was still anticipating a few final responses from family members and healthcare professionals, 20 of the 22 people living in the home had participated. The outcomes were positive. 90% of people had stated that staff were helpful and friendly, that their privacy was respected and that they were involved in their care arrangements. One of the planned outcomes from the survey so far was that a staff picture board would be put up so people and visitors could see at a glance who was on duty.

A separate food survey had recently been undertaken with requests being made for crunchy nut cornflakes and spam fritters, both of which had been put on the menu.

There was an effective quality monitoring system in place. A system of weekly and monthly checks was carried out to ensure that various aspects of the service people received were effective and operating as intended. These included the cleanliness of the service, health and safety checks and fire system checks. Medication audits were carried out monthly. We saw that where a medicines stock imbalance had been identified that a comprehensive investigation took place to determine the cause of this. Suitable actions had been taken to reduce the likelihood of this re-occurring.