Care Quality Commission

Morleigh Limited

Elmsleigh Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
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 this unannounced comprehensive inspection of Elmsleigh Care Home on 8 September 2015. Elmsleigh is a care home that provides nursing care for up to 48 older people. On the day of the inspection there were 37 people living in Elmsleigh. 25 people lived in the main house and 12 people lived in the adjoining annex (called the bungalow). Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia or other mental health conditions.

The service was last inspected in February 2015 to follow up concerns from a comprehensive inspection in November 2014. At the inspection in February 2014 we found improvements had been made and the provider had met the legal requirements outstanding from November 2014.

The service is required to have a registered manager and at the time of our inspection a registered manager was not in post. A registered manager is a person who has registered with the CQC to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that the premises and equipment were not properly maintained. On the day of the inspection there was no hot water in the main house due to problems with the boiler. There was a broken freezer and blast chiller in the kitchen that needed to be disposed of. However, the freezer had been broken for five months and the blast chiller for twelve months and arrangements had not been made for their removal. There was substantial water damage to the worktop around the tap in the sink in the kitchen.

There were two shower rooms where the showers had been removed and the space was being used to store broken equipment. Dirt had collected in gaps where the showers and shower trays had been disconnected. Both these rooms were in regular use as they provided toilet facilities for people in the nearby bedrooms. However, judging from the level of dust and dirt that had accumulated, and from speaking with staff, it appeared that these showers had been unusable for some time. This meant people had been using toilet facilities in rooms that were dirty and unsuitable to use.

Staff told us there were not enough working hoists or wheelchairs to meet people's needs. In the main house there was one hoist for staff to use to support five people daily and another four people, who were cared for in bed, on some days. There were only three working wheelchairs. The provider advised us that they had hoists and wheelchairs in the organisation's central store and these would be supplied to this service.

We found there were insufficient adaptations to the premises to support people with dementia to orientate independently around the building. For example there was a lack of appropriate signage to help people with dementia identify their bedroom or different areas of the premises.

People told us they felt safe living at the home and with the staff who supported them. People told us, "I feel safe" and "Staff are always here". Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. Staff supported people to make decisions about their daily lives. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The service had safe arrangements for the management and administration of medicines. Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff interaction with people was kind and staff treated people with dignity and respect. People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

There were temporary management arrangements in place that provided effective leadership and support for staff. There was a positive culture within the staff team. However, there were concerns about the lack of consistent leadership as there had been two changes in managers since our inspection in February 2015.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the main entrance to the service. There

Summary of findings

were systems in place to monitor the quality of the service provided. However, the provider's response to requests for new equipment was not always carried out in a timely manner.

We identified a breach of the Health and Social Care Act regulations. The actions we have asked the provider to take are detailed at the back of the full version of the report.

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?

Requires Improvement

The service was not entirely safe. Premises and equipment were not properly maintained.

Staff knew how to recognise and report the signs of abuse.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. The service had safe recruitment arrangements in place.

Is the service effective?

Requires Improvement

The service was not entirely effective. There was a lack of appropriate signage around the premises to support people with dementia to orientate independently.

Staff were knowledgeable about how to meet people's individual needs. People were supported to have their healthcare needs met by external professionals as necessary.

Where people did not have the capacity to make decisions for themselves, the provider acted in accordance with the legal requirements.

Is the service caring?

Good

The service was caring. Staff were kind and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive. Information in care files guided and informed staff how to provide individualised care.

A programme to provide people with group and individual activities had started and development of that programme was on-going.

People told us they could raise concerns and felt they were listened to.

Is the service well-led?

Requires Improvement

The day-to-day running of the service was well-led. There were temporary management arrangements in place that provided effective leadership and there was a positive culture within the staff team.

There were concerns about the lack of consistent leadership as there had been two changes in managers since our inspection in February 2015.

Summary of findings

There were regular audits undertaken to monitor the quality of the service provided. However, the provider's response to requests for new equipment and repairs was not always carried out in a timely manner.

Elmsleigh Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection took place on 8 September 2015. The inspection team consisted of two inspectors.

We reviewed information we held about the home before the inspection including previous reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views and one relative. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, one nurse, the cook, the deputy manager, the head of operations and the provider. We also spoke with a visiting community psychiatric nurse. We looked at four records relating to the care of individuals, four staff recruitment files, staff training records and records relating to the running of the home.

Requires Improvement

Is the service safe?

Our findings

We found that the premises and equipment were not properly maintained. On the day of the inspection there was no hot water in the main house. Staff told us there had been other days when water in some parts of the main house was only 'warm'. We were told that staff sometimes had to carry bowls of hot water to people's rooms when water in some parts of the building was not hot enough for washing. The deputy manager told us they thought either the thermostat or the timer needed to be altered. This would have to be checked by the maintenance person who was not at the site that day. Staff working at the service were unable to make any adjustments because the boiler was 'quite complicated'. We were advised that the timer was adjusted early in the morning the day after our inspection and hot water was restored to the main building.

There were some areas of the premises that were dirty and in need of repair. This included two shower rooms where old showers had been removed because they were not in working order. The space where the showers had been was being used to store broken equipment and dirt had collected in gaps where the showers and shower trays had had been disconnected. Both these rooms were in regular use as they provided toilet facilities for people in the nearby bedrooms. However, judging from the level of dust and dirt that had accumulated, and from speaking with staff, it appeared that these showers had been unusable for some time. This meant that while people had been able to use other facilitates to shower they had been using toilet facilities in rooms that were dirty and unsuitable to use.

There was a broken freezer and blast chiller in the kitchen. The provider advised these were not going to be replaced because there were other suitable facilities and these two pieces of equipment were going to be removed. However, the freezer had been broken for five months and the blast chiller for twelve months and arrangements had not been made for their removal. There was substantial water damage to the worktop around the tap in the sink in the kitchen.

Staff told us there were not enough working hoists or wheelchairs to meet people's needs. In the main house there was one hoist for staff to use to support five people daily and another four people, who were cared for in bed, on some days. These people's rooms were in four different parts of the building which caused delays in staff assisting people because of the distance the hoist had to be transported. Staff told us there were only three working wheelchairs. The provider advised us that they had hoists and wheelchairs in the organisation's central store and these would be supplied to this service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at the home and with the staff who supported them. People told us, "I feel safe" and "Staff are always here". Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. On the day of the inspection one new staff member was working alongside another worker while they were waiting for their DBS check to come through.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were seven care staff and one nurse on duty from 8.00am until 2.00pm and six care staff and one nurse from 2.00pm until 8.00pm to meet the needs of 37 people. Staff were allocated to work either in the main house or the bungalow. Four care staff were allocated to the main house and two to the bungalow with a senior working between the two. During the day staff were moved between the two units in order to meet people's needs. For example to meet the needs of people in the bungalow one care worker was available at all times in the communal area. We saw that staff moved from working in the main house to the bungalow for short periods during the inspection to cover for staff breaks and when staff were supporting people in their rooms. In addition to these staff were the deputy manager, an activities co-ordinator, kitchen and domestic staff.

Requires Improvement

Is the service safe?

Staff and people told us they thought there were enough staff on duty. We saw people received care and support in a timely manner. People had a call bell in their rooms to call staff if they required any assistance. People said staff responded quickly whenever they used their call bell.

Medicines were stored and administered safely. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

To ensure one person took their prescribed medicines it was necessary for them to have their medicine given to them disguised in a drink (called covert medicines). We found the appropriate agreement had been sought from the pharmacist and the person's GP.

Medicines were securely stored in a metal cabinet which was kept in a locked room specifically used for the storage of medicines. A dedicated fridge was available for medicines that needed refrigeration and the temperature was checked each day to ensure it stayed within the acceptable range.

Risks assessments were completed to identify the level of risk for people in relation to using equipment, bed rails, nutrition and the risk of developing pressure ulcers. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know what equipment was needed to move a person safely and how many staff were needed for the procedure. Risk assessments were being reviewed monthly or where required should there be a change of risk level.

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Requires Improvement

Is the service effective?

Our findings

We found there were insufficient adaptations to the premises to support people with dementia to orientate independently around the building. For example there was a lack of appropriate signage to help people with dementia identify their bedroom or different areas of the premises. The day of the week and time were not displayed in a way that might help people to orientate themselves to time and date.

There were some unpleasant odours in parts of the service and areas where equipment was stored creating an environment that was not homely or pleasing for people to live in. For example one bathroom and a sluice room were being used to store equipment and other equipment was stored in communal areas where people spent their time.

This contributed to the breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were cared for by staff with the appropriate knowledge and skills to support them effectively. Staff told us they had received relevant training for their role. Staff had the opportunity to obtain a Diploma in Health and Social Care. Staff had received training identified by the provider as necessary for the service. For example moving and handling, infection control, mental capacity and safeguarding. One care worker told us they didn't use a hoist until they had received manual handling training and this training gave them the confidence to use equipment.

New staff had completed an induction when they started to work at the service. The provider had implemented the new induction guidelines which commenced on the 1 April 2015 with new staff. A member of staff told us when they had started work at the service they worked with a more experienced member of staff for the first few shifts. This enabled them to get to know people and helped ensure that staff met people's needs in a consistent manner.

At the time of the inspection the deputy manager had been working in the service for six weeks. During that period they had spent time each day working alongside staff to get to know them and support them in their work. The deputy manager had also carried out and recorded observations of staff's care practices. Staff told us that they felt supported by the deputy manager and valued this informal supervision. Formal supervision had fallen behind and we were told that plans were in plan to resume regular supervision meetings with staff. Staff had received annual appraisals where they discussed their personal development.

Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the home as well as working closely with community psychiatric nurses (CPN). For example on the day of the inspection a CPN visited to discuss how one person was settling in and what support the service may require to understand how to meet their needs effectively.

The home monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. People's individual records detailed an ideal amount of food and fluid intake and a minimum intake each day. These records were checked by the nurses to ensure people were appropriately nourished and hydrated.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch either in a dining room, in an armchair with a lap table or in their room. There was an unrushed and relaxed atmosphere and staff were attentive to people's individual needs. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices.

Staff asked people for their consent before providing personal care and respected their wishes should they not wish certain care to be provided. For example staff told us if people wanted to stay in bed longer than usual some days they would go back later to help them to get up when they wanted to. Staff asked people what they wanted to eat and drink and how they wanted to spend their time.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Requires Improvement

Is the service effective?

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Best interest meetings had taken place involving people's family and appropriate health professionals had been involved in this decision.

The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for where someone may be considered to be deprived of their liberty had changed. People were assessed to see if there were any restrictions in place that might mean an application under DoLs would need to be made. We saw that six people in the home had a current DoLS authorisation. We looked at the records of these and saw they were all in date and there was a system in place to review at the expiry date or sooner if the people's needs changed and this altered the restrictions in place.

Is the service caring?

Our findings

Throughout our inspection we saw people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. Staff took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. We also observed staff were respectful about how they served people's meals and cleared dishes away at lunchtime. Staff asked people if they had finished their meals before they took away their plates, waiting for an acknowledgement rather than just clearing the tables.

People were able to make choices about their day to day lives. Some people used communal areas of the service and others chose to spend time in their own rooms. People told us they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living.

Some people living in the home had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. Care plans detailed how staff should communicate with people to help ensure their wishes were understood. For example one person's care plan said, "Do not use long sentences and give [person's name] time to process information". The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible. One member of staff told us, "I like seeing information about people's life histories in care plans - you can use it in conversation".

Where some people could become anxious or distressed care plans contained information about actions staff should take to reassure and calm them. For example one person's care plan stated that when they became agitated staff should, "give reassurance, walk away and return after a short while and try again". Another person's care plan explained that sometimes their behaviour could became challenging for staff. Their care plan described the triggers for a change in behaviour and how staff should respond when this occurred. We saw examples where staff responded appropriately to the person, calming them and quietly directing them to a quieter area of the service.

People's privacy was respected. People were able to personalise their bedrooms if they chose to with their own belongings, Staff told us they always kept doors closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

All the staff we spoke with said they thought people were well cared for. They said they would challenge their colleagues if they observed any poor practice and report their concerns to the manager. Visitors were able to visit at any time and were people were able to see their visitors in communal areas or in their own room.

Good

Is the service responsive?

Our findings

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example care plans described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Elmsleigh. Staff spoke knowledgeably about how people liked to be supported and what was important to them. Staff told us care plans provided them with good information about people's needs and nurses advised care staff of changes to each person's needs when they started their shift.

The service had recently allocated two care staff to work as activities co-ordinators for 18 hours per week. These activities co-ordinators had started to develop a programme of activities in line with people's individual needs and wishes. Care plans were in the process of being updated to record the type of activities people wished to take part in or how people wished to spend their time. One person told us they liked to go out for walks. Other people told us they used to go out to the local duck pond. Some people no longer wished to go out and staff told us the shortage of wheelchairs had made trips out more difficult. On the day of the inspection a local church visited to sing songs with people and give people the opportunity to receive communion should they wish to. The lounge at the front to the main house was set out in the morning with a variety of different games and puzzles for people to use either individually or as part of a group. However, we were not aware if anyone made use of these facilities on the day of the inspection.

Staff spent one-to-one time chatting with people during the inspection. One staff member said, "we have time to socialise with people". Where people stayed in their room staff visited them throughout the day to chat with them to help ensure they were not socially isolated. The care plan for one person, who chose to stay in their room stated," Carers need to make time to talk to [person's name] each day, so that [persons' name] does not feel every visit to them is task orientated".

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. One person told us they would feel comfortable raising any concerns. They said, "if anyone was rude to me I would tell them to their face".

Requires Improvement

Is the service well-led?

Our findings

We had concerns around the lack of consistent leadership in the service. The service is required to have a registered manager and, at the time of the inspection, there had not been a registered manager in post for over seven months. At our inspection in February 2015 a manager was in post who was in the process of applying to be the registered manager. They left the service and another manager was appointed who by the time of this inspection had also left the service. There was a vacancy for an administrator because they had also recently left the service.

A deputy manager was appointed six weeks prior to this inspection and had been managing the service since the manager left three weeks before our visit. They were supported three days a week by a registered manager from another service within the Morleigh group. We found the day-to-day running of the service was well managed as the deputy manager was working well with staff to support them and develop a positive and transparent culture.

Staff told us they enjoyed working in the service and felt supported by the deputy manager, who they said was very approachable and spoke with them each day as they regularly worked alongside them. However, staff told us it could be unsettling to have lots of changes of managers. One staff member said, "each manager has their own ways so you have to learn what they want from you". The changes in management arrangements had resulted in formal supervision falling behind and staff meetings had not taken place.

The deputy manager completed regular audits of the service as well as monitoring the quality of the care provided by carrying out observation of staff's care practices. These audits included maintenance checks of the building, analysis of accidents, falls monitoring, call bell, medicines, infection control and care plans. The deputy manager said they planned to have a 'residents meeting' soon as they wanted to discuss the activities people wanted. We saw the deputy manager was very visible in the service and actively encouraged feedback from families about their views or any concerns about the service. We saw records where concerns had been raised and resolved in the family's communication section of people's care files.

We had concerns that the provider's response to requests for new equipment and repairs was not always carried out in a timely manner. We were advised three days after this inspection that new wheelchairs had been delivered to the service and a new hoist would soon be provided from the organisation's central store. However, staff told us there had been a delay in the response to this request. Maintenance records showed that the freezer and blast chiller had been reported by the service as not working and 'if not being fixed can be removed'. This had been signed off by the provider as being completed on 3 July 2015 with a note saying 'needs removing'. As stated in the safe section of the report this broken equipment was still in place. The sink unit in the kitchen that had rotted was reported as in need of repair on 25 June and 2 September with no record of what action had been agreed.

We recommend that the service identify and implement systems to ensure people have access to well-maintained equipment as and when they need it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because premises and equipment were not properly maintained. There were insufficient adaptations to the premises to support people with dementia to orientate independently. Regulation 15 (1) (c).