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Elgin Rest Home

Inspection report

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21 March 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elgin Rest Home is a residential care home providing personal care to up to 17 people. At the time of our inspection there were 14 people using the service. Some people were living with dementia.

People's experience of using this service and what we found

The service was clean and odour free, however, people lived in an environment that needed upgrading and refurbishment. For example, the kitchen cupboards were damaged in several places and some bedrooms required redecoration. The registered manager told us they had plans in place to refurbish the kitchen, but these were long term plans and did not address the immediate concerns we found.

Quality assurance processes were not always effective. Whilst medicines were generally managed safely, audit checks of medicines stock records were not always actioned in a timely way. Some maintenance issues had not been picked up by the provider's audits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People living at Elgin Rest Home were happy with the support they received. People felt safe and told us staff were kind and caring.

The registered manager was proactive at responding to concerns we found during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 15 March 2018).

Why we inspected

The Registered Manager had raised a safeguarding and we needed to inspect to ensure all risks had been mitigated.. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needed to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elgin

Rest home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service is not always well led.

Details are in our well led findings below.

Requires Improvement ●

Elgin Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Elgin Rest Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elgin Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people using the service and 3 relatives. We spoke with 5 staff members including care staff, the deputy manager and the registered manager. We reviewed 3 care plans, medicines records, accidents and incidents, staff recruitment records and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Health and safety checks of the building were being completed with documented maintenance records. However, we found audits had not picked up all concerns in relation to the environment. Three wardrobes were not secured to the wall which could expose people to risk of injury. The registered manager took immediate action, and these were secured by the second day of inspection.
- A fire risk assessment had just been completed and the registered manager was in the process of actioning all recommendations made.
- The registered manager told us that fire drills were carried out during the regular checks to the fire system. However, there were no records to indicate which staff had attended. Following the inspection, the registered manager sent us a blank staff fire drill register they planned to use.
- Personal emergency evacuation plans (PEEPs) were in place and staff had received training in fire safety and prevention.
- The home needed refurbishment particularly the main kitchen, the registered manager was aware of this. We did not observe any negative impact of this on the people supported during our inspection.
- The provider had a system in place to record each person's health conditions, risks to their health and their support needs. Staff knew people very well and understood risks associated with individuals.

Using medicines safely

- Staff were auditing medicines regularly and had picked up concerns in relation to reconciliation of stock. However, the reconciliation concerns for one day had not been actioned in a timely manner. The registered manager followed this up immediately and addressed the delay with senior staff.
- Staff who administered medicines were appropriately trained and their competency had been assessed.
- There were appropriate guidance and protocols in place for people's medicines, including for medicines to be taken "as required" (PRN). Staff managed and stored people's medicines safely and securely.

Preventing and controlling infection

- The service was clean and odour free, however some aspects of the building meant it was more difficult for staff to ensure surfaces were sanitised effectively. Kitchen cupboards were very old, and the surface area was lifting and damaged in several places. Whilst the registered manager had planned to carry out a full refurbishment of the kitchen, this was not planned in the short term.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager enabled visits to the care home in line with government guidance.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection visit we were made aware of a safeguarding concern raised by the registered manager. Whilst this was still ongoing all necessary steps had been taken to protect people.
- Staff were aware of their responsibility to safeguard people from harm and report incidents of concern to management. However, we informed the registered manager that staff needed reminding about who they could report to externally if this was needed.
- People and relatives told us they were safe. One person told us, "Staying here has not worried me as we all get on well." A relative said, "I am 100% happy. I feel my [family member] is very safe and well looked after."

Staffing and recruitment

- The provider had a recruitment policy in place which helped them recruit suitable staff. This included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff interacted well with people and responded to people in a timely way, however, they also had responsibilities for cleaning and the senior staff member cooked meals for people. The registered manager was in the process of recruiting a cleaner.
- People and relatives told us there were enough staff. One person told us, "Staff are all very pleasant and helpful and there is always someone around if we need something." A relative told us, "There has been a high turnover of staff but when I visit there seems to generally be enough staff."

Learning lessons when things go wrong

- The registered manager had oversight of falls management, other accidents and incidents. Where concerns were identified these were being addressed to ensure that care plans were updated.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Systems in place to monitor the service were not always effective. Some audits showed issues had been identified but not resolved and others showed issues had not been identified. For example, not all wardrobes were secured to the wall, medicine reconciliation shortfalls were not always actioned promptly, and records did not identify which staff members had participated in fire drills.
- The registered manager was responsive, and all concerns found were actioned during the inspection. A full audit of the environment was undertaken.
- During the inspection we noted that work was ongoing following recommendations made in a recent fire risk assessment which included electrical work in relation to emergency lighting.
- Other areas of the service required refurbishment which the registered manager was aware of. However, some plans were long term and alternatives recorded did not contain specific dates or times for works to be completed.
- CCTV was in place in communal areas and whilst notices and a data protection policy was in place there was no assessment found about why the CCTV was needed or if people and staff had consented to its use.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings and staff supervision took place to enable views to be exchanged and staff told us they felt listened to.
- People and relatives, we spoke with were positive about the communication they received from management. One relative told us, "I get on with all the staff and [staff member] is brilliant and if I had any problems, I would talk to them. The registered manager is also very nice and like I said I wouldn't have any concerns speaking out." Another relative said, "I am in regular contact with both the manager and the deputy manager, they are both very professional."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were happy with the care and support provided at the service. One person told us, "They have been very good to me here." A relative told us, "The staff are always attentive and helpful."
- The registered manager promoted staff learning and saw this as essential to develop a strong, skilled workforce who were responsive to people's needs and achieved positive outcomes.
- Staff told us they felt supported and were happy working at the service. One staff member told us, "Most

staff are quite happy here and we have a laugh, we work well together." Another staff member said, "We do the best we can to ensure we care for people properly and work well together. We are very interested in the residents. I would be happy for a relative to live here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour and had an understanding of their role and responsibility in notifying the Commission of reportable incidents where appropriate.

Working in partnership with others

- The registered manager had developed relationships with other health and social care professionals. This included the GP, local pharmacist, and specialised nurses.