

Shaw Healthcare Limited

New Elmcroft

Inspection report

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Date of inspection visit: 9 December 2015
Date of publication: 10/03/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We previously carried out an unannounced comprehensive inspection at New Elmcroft on 6 & 8 January 2015. Breaches of legal requirements were found. After that comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines, providing adequate staff training, maintaining a clean and hygienic environment; ensuring care plans were relevant and up to date; Ensuring people were receiving appropriate nutrition; Ensuring audit identified

areas for improvement and consequent actions. At this comprehensive inspection, we found that improvements had been made and that breaches in regulations had now been all addressed.

The inspection took place on the 9th December 2015 and was unannounced. New Elmcroft is part of the Shaw Healthcare group and is a purpose-built home situated in a residential area. It is registered for a maximum of 60 people. There were 56 people living at the home on the day of our inspection. The home consists of a nursing unit on the ground floor where people who have nursing

Summary of findings

needs lived. On the first floor there is a residential care unit for people living with dementia, nursing care is not provided on this floor but people also needed support with physical healthcare needs.

The home had a registered manager. 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 registered manager had been registered with CQC in February 2015 and started with the organisation just before the previous inspection in January.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Referrals had been made for Deprivation of Liberty Safeguards (DoLS). On one care record we could not see what the outcome of the DoLS assessment was and whether there were conditions in place. This meant that staff would not be aware of any actions that they may need to take in depriving a person of their liberty in their best interests. This remained an area that needs improvement.

We observed lunch, people had enough to eat and drink. They were given choices of food from a menu. Drinks were available throughout the day. One person told us "The food is excellent...if anything you get too much". People were encouraged and supported to eat and drink enough to maintain a balanced diet. Staff monitored people's weights and recorded how much they ate and drank to keep them healthy. However we found in one of the eleven records we viewed that there had been a delay in accessing dietician support for someone so accessing timely support around people's nutritional needs remained an area that needs improvement.

People's care plans were up to date and contained information about their individual preferences and needs. These plans were reviewed regularly to ensure the most up to date information was available. There was a programme of activities and work had been carried out to

provide meaningful activities for people living with dementia. Equipment and strategies were in place and the registered manager told us of the plans in place to embed these in practice.

People told us they felt safe. One person said "I could speak to any of the staff about anything really". People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager. The environment was clean and there were systems and equipment in place that ensured this.

Staff received training that was relevant to their roles and received specific training around areas such as supporting people living with dementia and end of life care. Staff were supported through regular supervision with a manager which ensured they were able to discuss any areas for development and identify training needs.

People told us that staff were kind, caring and approachable. One person told us "The staff are just really lovely". We observed staff treating people with dignity and respect and involving them in their care. Another person said of staff "I like it here, they do lots for you and seem happy to do it for you"

The complaints policy was available and complaints were responded to in a detailed and timely way. There were relatives meetings and we were told that information was shared with people and staff by the registered manager. One relative said of these "Yes and if I can't get there, they always email me the minutes".

People and relatives commented on the fact that the home had improved under the new management team. One relative said "It's generally much improved since [the manager] has been here. She's very receptive and the communication has got much better". A positive culture was promoted and staff had a good understanding of how to communicate with people in an accessible way. The management team were transparent with people and relatives about the improvements that had been needed to be made and ongoing improvements that

Summary of findings

were being implemented. There was a range of audit tools and processes in place to monitor the care that was delivered and the registered manager worked in partnership with visiting professionals to the home.

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?

The service was safe. There were enough staff on duty to provide care that was safe.

People were supported by staff that recognised the potential signs of abuse and knew what action to take. Staff had received safeguarding adults at risk training. Medicines were managed, stored and administered safely. The environment was clean and hygienic.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately

Good



Is the service effective?

The service was not consistently effective.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. However for one person there had been a delay in referring for support from a dietician where needed..

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA). However on one care record there was no evidence of the DoLS authorisation and how this was implemented in practice.

Staff were trained in all essential areas and new staff completed a comprehensive induction programme. Supervision of staff took place on a regular basis.

Requires improvement



Is the service caring?

The service was caring.

Staff knew people well and friendly, caring relationships had been developed. People were involved in choices about their care and support.

Staff treated people with dignity and respect. They encouraged people to be as independent as possible. People and relatives were asked for their views via questionnaires and meetings.

Good



Is the service responsive?

The service was not consistently responsive

Activities had been developed and equipment was available for supporting people living with dementia. Strategies for embedding these in practice were in place.

Good



Summary of findings

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed current good practice.

Complaints were listened to, investigated and acted upon

Is the service well-led?

The service was well-led.

There were formal systems in place to monitor the quality of the service, highlight any shortfalls and identify actions necessary for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication. They were committed to providing high quality care and support.

People were asked for their views about the service. Relatives were also asked for their feedback.

Good



New Elmcroft

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a comprehensive inspection of New Elmcroft on 9 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in January 2015 had been made. The team inspected against all five questions we ask about services: is the service safe, effective, caring, responsive and well led. This is because the previous concerns spanned across four of these key questions.

Three inspectors, a nurse specialist and an expert by experience with an understanding of the needs of older people undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had sent us an action plan following the last inspection and we used this to guide our inspection. We also checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about

incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also spoke with a representative from the local authority. We used all this information to decide which areas to focus on during our inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and spoke with people, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time looking at records including 11 care records, five staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service. We contacted local health and social care professionals, including a GP, social worker, community matron and an occupational therapist who have involvement with the service, to ask for their views. They gave us permission to quote them in our report. On the day of our inspection, we spoke with nine people using the service and four relatives. We spoke with the registered manager, area manager, deputy manager, a nurse, five care staff, a domestic supervisor, an activities co-ordinator and the chef.

Is the service safe?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were not protected from the risk of infection because the premises were not always clean. Staff practices did not follow infection control guidance.

At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection. People told us the home was clean and hygienic. A relative said “We chose it here as unlike other places its clean and there’s never any smells”. A domestic supervisor had been recruited and been in post since February 2015. They told us and showed us the systems and equipment they had in place for managing infection control. They told us they took “A lot of pride in making sure the home is clean and tidy”. They were the infection control champion and were undertaking specialist training in infection control. We saw that there were clear weekly cleaning and laundry rotas in place which identified the tasks that needed to be carried out. Domestic staff signed to say that tasks had been completed and the domestic supervisor had a close oversight that ensured these tasks were carried out. People’s rooms were cleaned daily and a deep clean was carried out monthly. There was colour coded equipment in place for example different coloured bags for different types of laundry. Soiled laundry was collected in red bags, linen in white and clothes in blue bags. Personal protection equipment (PPE) was available for staff and we saw staff using this when carrying out their day to day care tasks. Where carpets had been identified as being heavily soiled these had been replaced. Staff had received up to date training in infection control and understood their responsibilities in relation to this. We observed that the home was clean and tidy and that systems were in place that ensured this. There was clear management oversight of this from the domestic supervisor, registered manager and deputy manager that ensured standards of hygiene were maintained.

At the last inspection in January 2015 the provider was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to creams not being managed safely as they were not labelled correctly and the date of opening was not

recorded. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

Medicines were being stored safely and appropriately which included the use of medicines trolleys to store and administer medicines from. Prescribed supplements on an as required basis were dispensed for individual people and stored in a cupboard within the treatment room. Medicines were administered to people from original labelled containers and not blister packs. Each person had a shelf in the trolley with their name and a photo. The administration of medicines was observed in the morning and at lunchtime. Staff explained to people that it was time for their medicines and gained consent to give the medicines. People were assisted with drinks in order to take their medication. The MAR (Medication Administration Records) was signed after the medicine had been taken. As required medications were offered to people and reasons for refusing medications completed on the MAR appropriately. Dates that medicines were opened was recorded on bottles of liquid medicines and creams. Where medicines were administered covertly a decision making process had been followed and documented. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. These documents included consultation with the GP and person’s family. MAR charts had been completed accurately and. If a medicine had been omitted this was documented with an appropriate code.

The management of medicines was audited. Daily stock checks took place. The registered manager had oversight of these checks and carried out a quarterly audit of medicines. The quarterly internal audit included checking MAR sheets, the medicine management policy and that resources such as The Nursing and Midwifery Council (NMC) guidance was in place. The NMC regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. It exists to protect the public. It sets standards of education, training, conduct and performance. Staff had received training in medicine management and competency checks were carried out.

The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to

Is the service safe?

identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would always tell the team leader if I saw something". Another staff member said, "We know safeguarding referrals need to be made, sometimes when things go wrong". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The registered manager had a copy of the local authority's updated policy and procedure to hand which they used to inform them of the up to date processes around safeguarding adults and was committed to working in partnership with the safeguarding investigation process. The manager talked openly regarding safeguarding investigations that had taken place and the learning they had implemented as a result of these investigations. They told us that they had a "Good working relationship with West Sussex County Council". A conversation with a representative from the local authority confirmed this to be the case.

People told us there were enough staff on duty. One person said "Sometimes they have agency when they're short so some come and go but in the main they are familiar carers that know me". Another person said "There always seem plenty around". Staff told us that they felt there were enough staff on duty to provide safe care. "One staff member said, "Yes, there are I think. We use agency staff but they tend to be the same people". Another staff member told us, "Yes, I think so. I have the time to do what I need and I can spend time with residents". A third staff member said, "Well, we could always do with more staff but the care is safe. The deputy and even the manager will help if necessary". We looked at the staff duty rota for the previous four weeks. The rota revealed staffing levels were consistent across the time examined. There were also kitchen, domestic and maintenance staff on duty. The provider used existing staff where possible to cover vacant shifts left by sickness or annual leave.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for five staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including character references, job descriptions and interview notes in staff files.

Accidents and incidents were recorded in detail along with actions taken. These were checked monthly by the registered manager and signed off as part of the auditing process. Where patterns were identified such as a pattern of falling these were analysed and appropriate action taken for example using different equipment or a referral to the falls prevention team.

Care records contained Risk assessments which covered areas such as falls, skin integrity and mental health. These ensured that any risk present for an individual were identified and a consequent plan devised. For someone who was identified as being at risk of self-harming by scratching the risk of infection and further distress was noted and a plan ensure their nails were trimmed, their behaviour monitored. Staff were guided to support the person if they became anxious or agitated to minimise the risk. For one person who liked to have their door locked risk assessments were in place for the person to hold a key to their room, daily notes and night notes showed that the person was locking their door, staff had a key and could conduct night checks as necessary but the door was relocked after this. This ensured the person's right to privacy was respected but their safety maintained and had been assessed and documented. Clinical risk assessments were carried out in relation to areas such as skin integrity and nutritional intake. These assessments calculated the level of risk present for a person which directed the care needed to reduce this risk. For someone at risk of pressure damage to their skin the appropriate treatment and equipment was put in place.

Is the service effective?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 14 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were put at risk of not receiving adequate food and fluids to meet their dietary needs. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

People told us that they had enough to eat. One person said “The food is excellent...if anything you get too much”. Another person said “You get about two choices at lunchtime and it’s always good”. One person told us “I tend to have toast for my breakfast”. We observed this person asking for some toast and marmite again later on in the morning which was happily provided there and then. At lunchtime we observed the lunchtime experience on the ground and first floors. The dining tables were attractively laid. We observed people being politely asked if they minded having a clothes protector on. We observed staff physically showing two plated meals to people so they could visually see what the meal was and make their choice at the point of food being served from the hot trolley. People were also offered choices about gravy, how much, where they wanted it. When someone changed their mind about their choice it wasn’t treated as an inconvenience.

Choices of juices were offered too. There were different types of plates, plate guards, drinking vessels to support individual needs.

People’s experiences at lunchtime had improved significantly. People’s meals were served politely and in a caring manner. We observed people needing support with their meals and this was done with empathy and gentleness with the staff giving one to one support consistently. Staff sat close, gave good eye contact, checked out that people were ready for their next mouthful and the experience was relaxed and unhurried. People were also asked if they needed any help with their meals being cut up. At the end of the meal people were asked if they’d enjoyed it and if they’d had enough or wanted anymore. In one of the dining areas we observed staff sitting and having a shared mealtime with people. This gave opportunity for more casual conversations about

topics not related to care tasks. People’s preferences regarding food and drink were documented in their care records and we saw that these were respected on the day of our visit. For example one care record documented that the person didn’t like tea or coffee but liked cold water or milk. We observed the person being offered water and milk and drinking these choices of drinks.

Recording around nutritional risk and intake had greatly improved. The provider used a Malnutrition Universal Screening Tool (MUST) to monitor people’s nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people’s care plans. People’s weights were monitored to check that they were maintaining their weight or losing or gaining weight as needed. We saw that these were completed and that food and fluid charts were completed where needed. For example for one person we saw that their weights had been recorded and that they had needed to put on weight. This was evidenced in the records. We observed this person being supported with drinks and biscuits throughout the day. However out of the eleven records we looked at one record we looked at had not been completed consistently and a significant weight loss had been identified by us. This led to the registered manager referring this person for assessment by a dietician through the GP on the day of our inspection. There was therefore a delay in identifying the need for dietician input which we cannot be certain would have been identified without our prompting. Therefore this remains an area that needs improvement.

We spoke with the chef who was aware of people with special diets. This was covered in staff training for kitchen staff. They were made aware when someone moves into the home or updated of any changes. These were written on a whiteboard. The chef told us they made alternatives for people so they could enjoy ‘sweet’ things and made dishes with sweeteners not sugar. People were offered the same pudding as everyone else but without something e.g. if flan, fruit and cream the diabetics may be offered the fruit and cream.

At the last inspection in January 2015 we found that the provider was in breach of regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because staff had not received regular supervision and training was not being regularly updated. At this inspection

Is the service effective?

we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

Staff told us about their experiences of induction following the commencement of employment. One staff member told us, “I had a four day induction. It was very good and I didn’t work alone until I felt okay”. Another staff member said, “It was fine. The other staff were great and I could ask anyone if I was stuck”. The registered manager told us The Skills for Life Care Certificate was in use for all new staff. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. We noted four staff members either had completed or were undergoing this process. Staff told us they had plenty of opportunities for training. One staff member said, “There does seem to be quite a lot”. Another staff member told us, “Its improved 100% since the new manager came. Training is not an option. We have to do it”.

We examined the 2015 training plan and looked at staff files. We noted all staff were able to access training in subjects relevant to the care needs of the people they were supporting. The provider had made training and updates mandatory for all staff in core areas. Specialist training available to staff included Person Centred Care Planning, The Mental Capacity Act 2005, Suprapubic Catheter Care, Wound Care/Tissue Viability, Meaningful Occupations (Activities) and End of Life Care. The registered manager had organised for the Dementia In reach team to work with the home and the team had provided nine bespoke workshops to support staff to learn new skills in providing care and support for people living with dementia. Through our observations of staff interactions and the equipment available to people we saw that this training was in the process of being implemented and embedded.

We asked about how staff were formally supervised and appraised by the provider. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. One staff member said, “The manager is very keen on it which I think is good”. Another staff member told us, “I can certainly say what I want and the manager does listen”.

Regular and good supervision is associated with job satisfaction, commitment to the organisation and staff retention. Supervision is significantly linked to employees’ perceptions of the support they receive from the organisation and is correlated with perceived worker

effectiveness. The emotionally charged nature of care work can place particular demands on people in the field. It is therefore important to provide regular opportunities for reflective supervision. Staff told us that they received supervision and appraisals. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. One staff member said, “The manager is very keen on it which I think is good”. Another staff member told us, “I can certainly say what I want and the manager does listen”. We noted that supervision sessions and yearly staff appraisals for all staff had been undertaken or planned, in line with the provider’s policy. Nursing staff received clinical supervision from the deputy manager or registered manager who were nurse trained.

Staff told us about issues of consent and about their understanding of the Mental Capacity Act (MCA) (2005). Some of the staff we spoke with had undertaken recent training in this area. They had a good understanding of the MCA, including the nature and types of consent, people’s right to take risks and the necessity to act in people’s best interests when required.

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. Assessments of mental capacity were in place in people’s care records.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals to the local authority and people living at the home were in the process of receiving assessments. Where authorisations had been granted these were contained within the care records. For one person we could see on the documentation that there had been a reassessment of the person’s need for a DoLS and previous conditions attached to this authorisation had been removed. It wasn’t documented in the provider’s care records what this meant for the person or how the authorisation was implemented in practice. The registered

Is the service effective?

manager and staff need to be clear what the outcome of a DoLS assessment is, how it impacts on a person and how they implement the authorisation in practice. This remains an area of practice that needs improvement.

The service worked closely with other health care professionals and from the records we noted that district nurses, GPs, the dentist, optician and chiropodist and the

physiotherapy, audiology and continence services all visited the residents in the home to give advice and treatment. The GP and community matron we spoke with all commented on improvements in communication with staff at the home and the timely referral of people who needed their assistance.

Is the service caring?

Our findings

People gave us very positive feedback regarding the caring nature of staff and the home and the fact that they knew staff and staff knew them. One person said “They’re all very nice people and I know them all now”. Another person said “They’re very kind to me, I like them always smiling” and another said “I like it here, they do lots for you and seem happy to do it for you”.

We observed care in communal areas throughout the day. We observed excellent interaction between people and staff who consistently took care to interact with people and ask permission before offering support. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. We observed a very genuine well-meaning approach and staff showed gentleness and kindness. This included guiding and supporting people in moving around in an unhurried and calm manner and being smiley and chatty with people. Where someone was being pushed in a wheelchair the staff member said “Where would you like to go...is that alright there, now can I get you a nice cup of tea”.

We observed people and staff having relaxed easy conversations. For example we observed a staff member say “You’ve got a lovely smile [the person], I do love it when you smile at me it makes me happy”. We observed people and staff enjoying humour and heard an interaction “[the person] you must be tired... who’s keeping you up at night”. This created a friendly giggle between the staff member and the person.

It was evident throughout our observations that staff had enough skill and experience to manage situations as they arose and meant that the care given was of a consistently high standard. We observed staff reassuring people who were confused or disorientated speaking calmly and gently touching people’s hands. For example for someone who had requested a drink and required support to drink it this was offered carefully and when the person became a little distressed the staff member was able to reassure the person speaking gently gaining eye contact and sitting beside them. A relative we spoke with said “What I’ve

noticed is when I walk around the building with [the person], everyone knows her name and asks how she is, everyone not just the carers and nurses but the cook and the cleaner”.

We observed people being involved in decision making about what they wanted to wear, where they wanted to sit and what activities they wanted to pursue. They were offered choices of drinks and snacks. People, where able, were involved in residents meetings and could contribute to choices made about the running of the home. People were involved in reviews of their care.

People told us that staff had a respectful and dignified approach in using preferred names, knocking on doors, closing doors and curtains having personal conversations in private and that on the whole tasks weren’t just done to but people were asked permission before undertaking tasks. Staff told us how they supported people to maintain their dignity and privacy. One staff member told us, “We always try to make sure people have their privacy. It’s in the care plans too”. Another staff member said, “I think it’s about giving people choices. If we treat people as we would want to be treated we can’t go far wrong”. We observed staff treating people with respect and dignity and offering them choices throughout the day of our visit.

The care plans we looked at contained both life histories and social assessments. They had been compiled in conjunction with people and their families where possible and contained information staff could use to help build relationships, for example, people’s previous occupations and hobbies..

On the day of our inspection no one was receiving end of life care but the registered manager told us that staff had received training in end of life care, staff we spoke with and records confirmed that this was the case. We could also see from minutes of meetings including the district nurses, issues that had been raised regarding communication between the home and them were being addressed and clear guidelines were in place for working in partnership when people needed end of life care on the residential floor at the home, including access to equipment and nursing support.

Is the service responsive?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's assessments of need had not always been completed in a timely manner and the information contained within these was not always accurate. Assessment of people's pressure areas had not always been assessed. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

From the care records we looked at people's assessments of need and care plans to meet these needs had been completed and addressed. Records were legible, relevant and up to date. They contained detailed information about people's care needs, for example, in the management of mental health and nutritional needs. The care plans also contained information about personal histories and likes and dislikes. People's choices and preferences were documented. The daily records showed that these were taken into account when people received care, for example, in their choices of activities. Care planning and individual risk assessments were reviewed monthly; we found evidence of people or their representatives' involvement in this.

People's needs were assessed appropriately to reflect their individual care plan. For example, we noted one person had lost over two kilogrammes in weight during the period of April to May 2015. The person had subsequently been referred to their GP for investigation and treatment. As a result, we noted changes were made to the person's diet, with their consent, and food supplements introduced. As a result, the person regained the weight they had lost within three months. We also noted this person occasionally became agitated and distressed. Their care plan contained a detailed risk assessment which outlined possible triggers to this behaviour and the interventions required, such as de-escalation techniques, to keep the person, other people at the home and staff safe.

For another person we saw their preferences regarding nutrition stated that they didn't like tea or coffee but liked cold water or milk. We observed the person being offered water/milk and drinking these choices of drinks. This person's Care plan stated that they wouldn't like to have

support from a male staff member and preferred a female staff member to support them. This information had been passed to care staff via other records in the care plan and was also documented on the staff communication board in the main office. Records showed that this person received care from female staff only.

For another person it was documented that they likes to wear shirt, tie and suit. We observed the person wearing this, we commented on how nice they looked and they told me: "I like to dress smartly". This was documented in their care plan and being important to them but for staff to be aware that he doesn't get too hot. This person's care plan also stated that the person prefers to sit in a certain chair by the CD player as they enjoyed playing CDs, tapes and records, it stated that they felt a real sense of pride when doing this. We observed this person sitting in this chair during the inspection.

At the last inspection we made a recommendation regarding enhancing the availability of activities for people with dementia. At this inspection we saw that strategies were being implemented to ensure that people who were living with dementia had their need for social stimulation met. There were two activity co-ordinators in post, one who was full time and one who split the role with being a member of the care staff. The registered manager told us that the staff team at the home had been working with the Dementia In reach team, receiving training on how to support people living with dementia and devising and implementing methods to do this. Representatives from the Dementia In reach team confirmed that the staff team had engaged well with these sessions. We observed that the environment had been adapted to provide stimulation for people living with dementia. Staff told us that these sessions had been informative and the In reach team had also attended a residents and relative meeting to discuss how to meet the needs of people living with dementia and answer any queries. This meant that the registered manager was highlighting the needs of people living with dementia and ensuring that these were prioritised.

Mobiles hung from ceiling with butterflies and fishes for visual stimulation. Posters of films were displayed throughout the corridors – with red shoes for the Wizard of Oz and skyline images for Mary Poppins. There was a Railway station stop replicated with a place for people to sit, station clock, map on wall as well as train tickets and departure/arrival times for various locations However did

Is the service responsive?

not see anyone using this throughout the day. There was also a Laundry Corner with a washing line, washing baskets, peg bag and pegs, posters of washing powder from 1930s. We did not see anyone using these activities on the day of our inspection.

There were quiet spaces with comfy chairs for people to sit and read books from a bookcase. There were CDs, puzzles and games available for people. There were also boards in the corridors with locks and catches for people to explore. Some people had memory boxes outside their rooms which were designed to represent what was important to the person. On the day of our visit one box we saw was not representative of the person's individual history and passions. When we raised this with the registered manager we were told it belonged to a previous resident and was not relevant to the current person. This was removed on the day of the inspection. There were dolls and soft toys available for people living with dementia and a pram. These toys are known to have a therapeutic effect for some people living with dementia. However when a person living with Dementia asked for a baby, the staff couldn't find one for her to look after. The registered manager told us that the use of these toys and other activities were newly introduced and that implementing them and encouraging people to use them was an on-going piece of work. The registered manager showed us a form called 'Pool Activity Level' (PAL). This was an assessment tool to see how best to support a person to join in activities, she explained this was going to be introduced for everyone, it has been recommended by the dementia in-reach team to support people living with dementia to take part in activities meaningful to them. The introduction of these activities would ensure that people living with dementia were receiving stimulation and an improved quality of life. The registered manager told us that the management team would help staff to identify the individual needs of people around meaningful activities and that implementing strategies for people living with dementia was an on-going area of practice that was being embedded.

There was a piano on the first floor corridor and we observed one person enjoying playing this. We observed one person sorting through balls of wool and enjoying the process of winding wool into a ball. There were no planned group activities on the day of our inspection but we observed a painting activity offered to people by a member of staff on the floor for people living with Dementia. On the nursing floor a short game of 'catch' was offered to people. Before lunch there was good interaction between a member of staff and two people about her love of the Royal family, the member of staff went and got a magazine from the bookcase about Princess Diana, they then enjoyed looking at the magazine together and talking about her wedding dress etc. This interaction captured people's interest.

There were activity plans for Christmas which included a primary school choir, cinema showing a Christmas film, Christmas fete, painting, mince pie making, exercise class, staff interaction Christmas games day, Christmas arts and crafts, sing a long, 1:1 massage, cookie decorating, violinist, tea party. People told us that they enjoyed the activities on offer. One person said "We play games and yesterday we made mince tarts, I love doing the cooking as I used to be the cook at a children's home". Another person said "I like painting and doing a bit of sewing". A relative told us "[the person] was a dancer/singer and so loves the singing here and joins in the exercise classes".

People and relatives alike all said that they had no hesitation in raising concerns or complaint with the management and that they felt they were approachable and would be listened to. We saw that the complaints policy was readily available to people and relatives. We looked at records relating to complaints and saw that complaints that had been received were responded to in a transparent and open manner. Where needed investigation had been carried out and face to face meetings offered to relatives if they wished to discuss issues further. Relatives were invited to meetings where alongside their family members they could participate in these meetings and discuss issues that were important to them.

Is the service well-led?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the audit system in place was not effective as it was not applied consistently and had not identified areas of shortfall in practice. This was in the areas of food and fluid charts, care planning and medicine management. At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection.

The registered manager had been in post prior to the last inspection in January 2015 and had become the registered manager in February 2015. A deputy manager had also been recruited and they worked alongside each other as the management team.

Audits were carried out three monthly around individual areas of practice including areas such as the environment, infection control, medicine management and catering. These had been completed and where actions were identified these were signed and dated to indicate when they had been completed. We saw that for an audit completed around a sample of care plans areas that needed to be completed had been identified and then signed to confirm the piece of work was completed. The plan for updating records had been given to team leaders and nurses.

Audits were carried out by the provider's quality team on a six monthly basis and we saw that this had last been completed in October 2015. Where actions were identified the registered manager had an action plan that they worked towards and signed when an action had been completed.

People, relatives, staff and professionals working externally told us that the care and support provided at the home had significantly improved since the last inspection and they attributed this to a strong management team. People felt that New Elmcroft was a well-run and organised home and relatives in particular told us they had seen improvements since the new manager had been in post. One relative said "It's generally much improved since [the manager] has been here. She's very receptive". Another relative said "There have been lots of changes over the years but it's

much better now". Staff told us that things had improved at the home and that they were happy working there. One staff member told us, "It's improved so much since the new manager came". Another staff member said, "We've had quite a few managers and I think that's been the problem here. I hope this manager stays because things are so much better now. The training, the atmosphere, everything". A third staff member told us, "I have a lot of faith in the manager. They really know what they're doing".

The registered manager told us that they had worked hard to improve the quality of the care and support provided by the home and build a stable staff team and create a friendly homely atmosphere. They told us "Staff morale is much better. The atmosphere is really nice and feels good". They also told us "People like coming in here". We observed that people were happy and that staff enjoyed their jobs and were motivated to provide care and support of a high quality. Relatives said that they were always made to feel welcome when they visited. One relative described how they never have to worry about their relatives care as they felt that they were well cared for and safe.

The registered manager also told us that it was important to work in partnership with other professionals. Our contact with some of these professionals confirmed the registered managers commitment to doing this. A GP wrote to us with feedback and said "Over the last few months we have noticed a significant improvement, particularly around recruitment and retention of staff which makes a significant difference to the care that residents receive and the interaction with us as GPs." A community matron wrote to us saying 'I do feel that Monica has worked very hard to get the right staff... I feel that staff, do now have a better knowledge base about their patients. Care plans appear to be more individualized'.

The registered manager also told us that they felt it was important to "Get links with the outside world" and integrate with the wider community. They mentioned that the local mayor had been to their Christmas fayre. People and relatives were consulted on a regular basis and had been involved in meetings at the home where there had been communication and discussions around the previous Care Quality Commission inspection report, input from the Dementia In reach team and a discussion regarding MCA. The registered manager showed a commitment to being open and making improvements to the home whilst involving people and relatives.

Is the service well-led?

Feedback questionnaires had been sent out to relatives and visitors in August and June 2015. These contained positive comments such as ‘Mum’s care has improved in the last few months and the general condition of the home has been gradually addressed since [the manager] has been in post’. Where a relative had raised a concern for example regarding there not being enough activities we could see that the registered manager had discussed the issues raised and communicated a plan for addressing this.

The registered manager felt supported by the provider in general and her line manager specifically. They told us they received regular supervision and that managers of homes in the region met monthly to share information and learning. The registered manager was committed to continuous improvement at the home and had demonstrated this by forming positive relationships with external agencies and working in partnership to improve the home with input from the local authority and community nurses.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager told us that it was “All about being transparent” and ensuring they “Give people updates”.

Everyone that we spoke with was happy to recommend the home. One person said “It’s the place really, it’s lovely you get well fed and well looked after”. Another said “You just have everything you need here” and a third person said “Couldn’t think of a better place this is the best one”.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.