

Bestcare Ltd

# Ellesmere House

## Inspection report

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Ellesmere  
Shropshire  
SY12 0HB

Tel: 01691623657

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12 January 2016

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This inspection took place on 12 January 2016 and was unannounced.

Ellesmere House is registered to provide accommodation with personal care to a maximum of 28 people. There were 19 people living at the home on the day of our inspection. Most of the people using the service were living with dementia.

A registered manager was in post and was present during our inspection. 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.

We carried out an unannounced comprehensive inspection of this service on 14 and 15 July 2015. Breaches of legal requirements were found and we gave the home an overall rating of requires improvement. After this comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 11 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellesmere House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

After our last inspection we asked the registered persons to take action to make improvements to the way they supported people to make decisions about their own care. At this inspection we found that improvement had been made. People's right to make their own decisions and choices were supported by staff. Staff and the registered manager understood the procedures they must follow when supporting people to make decisions and when they may need to make decisions on their behalf.

After our last inspection we asked the registered persons to take action to make improvements to their systems to assess, monitor and improve the quality and safety of care. At this inspection we found that improvement had not been made in all the areas we had identified. The registered persons had not completed actions they told us they would and there was confusion about who had responsibility for implementing and monitoring progress against actions plans. Although quality monitoring systems were in place these were not always followed or monitored and action was not always taken when issues were identified.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

We found that action had been taken to improve the way staff obtained consent. People's rights were protected when they needed support to make decisions about their own care.

**Inspected but not rated**

### Is the service well-led?

We found that some action had been taken to make improvements we had identified at our last inspection. However, the registered persons had not taken enough action to ensure people received a safe and effective service and had not completed all the actions they told us they would. They had also not made improvements in some of the areas we had identified at our last inspection.

**Inspected but not rated**

# Ellesmere House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 an unannounced focused inspection of Ellesmere House on 12 January 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 and 15 July 2015 inspection had been made.

The inspection team consisted of one inspector.

During our inspection we spoke with two people who lived at the home. We also spoke with two care staff, the deputy manager, the registered manager, the provider and the provider's nominated individual. We viewed eight records which related to people's consent. We also viewed eight records which related to the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

# Is the service effective?

## Our findings

At our last inspection we found that people's rights were not always protected because the provider had not determined people's ability to make their own decisions. Where decisions had been made on people's behalf there were no records to show why these decisions had been made and why they were in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and we were assured people's rights were protected.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Arrangements were in place to ensure that when people were thought to be deprived of their liberty suitable applications were made. The registered manager had submitted applications under the DoLS prior to our last inspection and was awaiting the outcomes of these applications.

Since our last inspection the registered manager had reviewed people's ability to give consent and make their own decisions about their care. Where it was considered that people did not have capacity we saw assessments had been completed and information given on why people did not have capacity to consent to their own care. The registered manager understood the principles for determining a person's capacity and had followed the MCA Code of Practice in determining whether people had capacity to consent to their care. Staff told us people were able to consent to and make decisions about their own day to day care. They told us about the support they gave to people which included speaking in a way people could understand and showing them the choices on offer. One staff member said, "We always ask and give them a choice. It's driven by the residents". People's care plans contained some information on their decision making abilities but did not include how staff could support them with this. The registered manager told us they intended to incorporate the specific support people needed to make decisions within all aspects of their care plans. The registered manager understood when decisions may need to be made on people's behalf and understood the procedure they had to follow. Any decision made on behalf of a person who lacks capacity must be done in their best interests and the MCA requires that specific steps are followed when this is done. The registered manager told us that no best interest decisions had been made since our last inspection.

We spoke with two people who both told us that staff asked their permission before they supported them with their day to day care. They both told us that staff gave them choices and would always tell them what they planned to do at the time. They were happy that they had control over what happened and that they received their care the way they wanted it. We were therefore assured that people's rights were protected

and people were able to consent to their own care and support.

## Is the service well-led?

### Our findings

At our last inspection we found that quality systems the provider had in place were not operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had not been made in all of the areas we had identified.

After our last inspection the registered persons had sent us an action plan which detailed what they were going to do to meet the requirements of the regulations they were in breach of. We received the action plans in September 2015 and they told us that all actions would be completed by 30 November 2015.

We found that the registered persons had not completed all the actions they told us they would by the date they had specified. For example, their action plan stated the registered manager would complete "bi monthly checks against CQC standards" and these would be emailed to the provider's nominated individual. The registered manager told us that they had not completed any of these "bi monthly checks" since our last inspection.

We also found that issues we had identified at our last inspection had not been considered or acted on. At our last inspection we were told that feedback from surveys were not given to people, relatives or staff. The registered manager told us that since our last inspection another survey had been completed which people and one relative had completed. They told us that again no feedback had been given to people, relatives or staff. The registered manager told us that the survey results were positive but could not tell us why this had not been shared with people, relatives or staff. People and relatives could therefore not know how their views contributed to the service. After discussion the registered manager agreed that feedback would in future be shared in their monthly newsletter.

We found the registered persons gave us conflicting information about the progress they had made against their action plan. There was also confusion over who had responsibility for implementing the action plans and monitoring progress. For example, their action plan had stated that by 30 September 2015 dates of all senior staff, staff, service users and family members meetings for the next 12 months would be available. The registered manager told us that they had not completed this action. We spoke with the provider's nominated individual who told us that this had been completed and they emailed us a copy of these dates. We were therefore not assured that the responsible persons were aware of the actual progress that had been made in making improvements since our last inspection.

At our last two inspections we had identified concerns that hazardous substances were not stored safely. This placed people at risk of harm as they were able to access the area where these substances were kept. Locks had been placed on some of the storage areas but we found the laundry room did not have a lock on the door. People could access the laundry room unrestricted and we saw that containers of detergent and disinfectant were kept in this room. The registered manager told us at our last inspection that a lock was to be put on a door in the corridor which would prevent access to this area. This had not been done and people still had unrestricted access to where these hazardous substances were kept. At this inspection the

registered manager told us again that a lock was to be put on the door in the corridor. They could not tell us why this had not done.

We have previously had concerns about infection prevention and control practices within the home. Although improvements had been made at our last inspection we identified that weekend cleaning schedules were not completed by staff. The registered manager had been aware of this. These cleaning schedules had been introduced to monitor the hygiene standards within the home and were part of their improvement plans. At this inspection we again found that the weekend cleaning schedules were not completed by staff. The registered manager told us they were aware of this but had not taken any action to address this. Therefore, we could not be assured that tasks were completed to keep the home clean and free from infection which promotes people's safety. We also could not be assured of the registered manager's ability to lead the staff and take action when things are failing.

At our last inspection we had concerns because some quality monitoring records staff had been given responsibility to complete were not always completed. Senior staff had responsibility for completion of a "senior daily log" and environmental checklist. At our last inspection the registered manager had not been aware these were not always completed. They had told us these were for senior staff to complete to evidence they had completed all the daily tasks they were responsible for. This had not been addressed in the provider's action plan and we found these records were still not completed consistently by staff. At this inspection the registered manager had difficulty locating these forms for us to look at and was still not aware these were not being completed. The registered manager told us they did not place any importance on these being completed and had introduced these as an aide for staff. They told us they were satisfied that senior staff were completing their daily responsibilities without the need for these records. The registered manager could not tell us why these records were still used if no importance was placed on their completion.

The registered manager told us that some of the improvements and actions had not been completed because the provider had focused on another one of their homes. The provider denied this was the case. The registered manager also told us that importance had not been placed on ensuring some documents were completed because they had recently lost two senior staff members and this had affected their own progress in making improvements. After the inspection we spoke with the provider and the nominated individual. They told us they met with the registered manager monthly to discuss progress and considered progress had been made against all action plans. We found that progress against action plans could not be wholly evidenced and the registered persons were not clear who had overall responsibility for driving the improvements that were required at the home.

We have found the provider in breach of the regulation relating to governance at our last two inspections. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Although systems were in place to monitor the quality of service provision these were not always operated effectively to ensure the health, safety and welfare of people using the service. Governance systems had not been used to drive the required improvements to the quality and safety of the services provided.</p>

### **The enforcement action we took:**

We have issued a warning notice.