

Care UK Community Partnerships Ltd

Ellesmere House

Inspection report

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24 August 2020

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Ratings

Overall rating for this service

Good 

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Ellesmere House is registered to provide accommodation for up to 70 people with personal care and nursing care needs. At the time of the inspection 39 people were residing at the service and three people were in hospital. The premises are purpose-built and people are accommodated on four separate units for nursing care and residential care needs. The service supports older people with physical frailties and/or people living with dementia.

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

People told us they were pleased with the quality of their care and support and they described staff as being "kind" and "lovely." Although relatives spoke well of the individual staff who looked after their family member, we received mixed comments in relation to whether there were sufficient staff. Some relatives described the care their family members received as being "amazing" and other relatives were concerned that their family members were deteriorating due to insufficient staff to provide person-centred care.

When we looked at staffing arrangements we found that there were sufficient staff on the day of our inspection and the staffing rotas matched the number of staff we met on the individual units. During our observations we saw that people's care was delivered in an unhurried way and the atmosphere on the units was calm and orderly.

People's call bells were answered and staff were observed going into people's rooms to check on their welfare and support them.

People were protected by good infection control practices which were based on current guidance from the government and local public health professionals. Staff were provided with correct and sufficient personal protective equipment (PPE) and safe arrangements had been introduced to enable people to receive visits from relatives or friends in the care home's garden.

The management team and staff acknowledged that the service had experienced a very challenging time due to the COVID-19 pandemic. Sadly, some people who lived at the service passed away and some staff needed to shield or take time off for health care reasons.

During this period we noted the service received an increase in safeguarding concerns, some of which the registered manager was awaiting investigation outcomes at the time of the inspection visit. Some of these concerns had been raised by an external agency that provided temporary care staff for three and a half weeks at the height of the pandemic and alleged neglect of people's needs.

People were effectively and patiently supported to meet their nutritional needs at lunch time. However, we found that specific practices on one of the units did not consistently uphold people's entitlement to receive a dignified dining experience. We have made a recommendation within this report.

Staff mainly told us they felt well supported by the registered manager and the management team. Staff reported to us that the registered manager had stayed overnight at the service on days when staff particularly needed additional support and guidance. The provider had put in place a number of actions to formally support staff, for example staff were not financially penalised if they needed to self-isolate and individual risk assessments were carried out to reassure and support staff.

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

Rating at last inspection and update

The last rating for this service was good (published on 11 March 2020). The overall rating for the service has not changed following this targeted inspection and remains good.

Why we inspected

We carried out this targeted inspection to follow up on specific concerns about the service. Information we received indicated concerns about low staffing levels that could negatively impact on the safety and wellbeing of people. Information was also brought to our attention that some staff found the leadership approach and culture of the service was unsupportive. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question

Follow up

We will continue to monitor the service and return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Ellesmere House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check specific concerns we had about the staffing levels at the service and how the provider ensured staff were supported with their roles and responsibilities. We will assess all of the key questions at the next comprehensive inspection of the service. As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the service and a third inspector conducted telephone calls to people who use the service on 14 August 2020. Calls were also made to relatives and staff after the site visit. Therefore, inspection activity commenced on 6 August and concluded on 24 August 2020.

Service and service type

Ellesmere House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was inducting the new home manager.

Notice of inspection

This inspection was announced at very short notice. We notified the registered manager that we were outside the premises to ascertain if it was safe for us to proceed with an inspection site visit, in accordance with Covid-19 risk management protocols.

What we did before the inspection

We initially conducted a telephone meeting with the provider on 18 June 2020 to discuss our concerns about staffing levels. We requested information in relation to staffing arrangements and systems for

calculating people's individual dependency needs, which was sent to us by the registered manager. We continued to gather further information about staffing levels from the service prior to carrying out this inspection. We also spoke with the local authority quality assurance officer and reviewed copies of their weekly telephone quality assurance monitoring reports. Additionally, we contacted the local authority safeguarding adults lead to obtain updates for completed safeguarding investigations.

Our planning also took account of the information provided by the registered manager and regional manager during the first Emergency Support Framework (ESF) call on 26 May 2020 and the second ESF call on 3 August 2020. ESF calls help us to give targeted local advice, guidance and support to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We carried out informal and formal observations within communal lounges and dining areas of how staff supported and interacted with people who used the service. 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 looked at systems for infection prevention and control and requested relevant policies, audits and staff training records to demonstrate how the service was managing COVID-19 infection risks.

Additionally, we acquired from the provider a wide range of documents relating to the management of the service for us to check during and after the inspection visit. This included staff rotas, staff training records, minutes for clinical and general management meetings, the complaints log and quality monitoring audits, for example a medicine audit.

We spoke with four care staff, two registered nurses, the activities coordinator, the head of housekeeping, the clinical lead nurse, the new home manager, the registered manager and the regional manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We conducted telephone interviews with three people who used the service, eight relatives and eight members of staff. Information was displayed at the service which invited staff to confidentially contact us if they wished to. We contacted an external health care professional with knowledge of working with the service and received their written comments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns we had about whether there were sufficient staff deployed to safely meet people's needs. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

- Due to prior concerns about the safety and suitability of staffing levels at the service, we focussed on whether there were sufficient staff deployed to meet people's needs and did not check on recruitment processes during this inspection. We observed that the atmosphere on each unit appeared quite relaxed and people were supported in a calm manner. Staff worked in an approachable way and consistently responded to people's needs, for example we observed staff checking on people's welfare and ensuring that call bells were answered in a timely fashion.
- People who used the service told us they felt well supported and thought there were enough staff available to meet their needs. Comments included, "I am very happy here and well looked after" and "They are all very nice and I get the help I need." The relatives we spoke with reported mixed views about staffing levels, for example one relative stated, "[My family member] is looked after very well. I feel there is enough staff and they know how to speak with [family member]." However, other relatives expressed concerns about the quality of care and support for their family members due to insufficient staffing.
- Staff predominantly told us they were happy with the staffing levels and felt there were sufficient staff rostered to appropriately meet people's health care and social needs. We received a comment that it was challenging to safely meet people's needs with the current staffing levels particularly on units where three staff were rostered, as two staff could be busy for a while supporting people where two staff were needed to provide care.
 - The registered manager acknowledged that the service had needed to use agency staff at the most acute phase of the COVID-19 pandemic due to staff shielding, being off sick or unable to work for other reasons. We were informed that staff had now returned and new staff had been recruited, and there had been no use of agency staff since June 2020. Staff were being encouraged to now take annual leave due to them as the provider recognised that staff had worked particularly hard during the most difficult period of the pandemic.
- We noted that there were specific times that staff were not visible as they were supporting people in their rooms and the units looked under-occupied as a significant number of people had passed away in recent months. People were supported on Rose and Jasmin units by a staff member known as a hostess, who was responsible for tasks including providing drinks, snacks and topping up jugs. We observed that catering staff provided support to people and staff on each of the units at lunchtime.
- The staffing rotas we looked at showed that staff undertook face to face training such as fire safety during hours they were not scheduled to support people. However, where staff were prompted to update their e-learning during their shift there was no indication as to how their absence from directly supporting people was covered. The service employed a clinical lead nurse who could support staff if there was staff absence

on a unit, for example if a nurse, team leader or care assistant was off sick at short notice. We received comments that on occasions staffing cover from the clinical lead or another employee could not be arranged and this resulted in a pressurised working environment.

Preventing and controlling infection

- The service had implemented safe processes to protect people, staff and visitors. People who have been shielding or those clinically vulnerable have been supported/encouraged to stay in their own rooms and social distancing was observed.
- Staff were observed to be wearing correct Personal Protective Equipment (PPE) when supporting people. They had received training and guidance and were aware of policies to follow if people became symptomatic. There were specific areas for staff to don and doff their PPE, with appropriate signage and posters displayed across the home and on people's doors to remind them what PPE was needed.
- Visits in the home were currently restricted other than in exceptional circumstances and robust measures were undertaken for professional visitors and essential contractors, which included temperature checks, a questionnaire to complete and the provision of hand sanitiser and PPE for visitors before entering the home from the reception area. The service had introduced limited garden visits for relatives and/or close friends, via a booking system and with access through a side gate so no entry was needed via the home. Visitors were required to complete a risk assessment and relatives confirmed they received a comprehensive explanation of the necessary protocols to follow.
- There were no concerns identified with the cleanliness of the premises which were clean and free from odour. There were enhanced cleaning schedules in place, including the regular disinfecting of high touch areas. At the last inspection we noted there was a problem with mice infestation, which was being professionally dealt with by a rodent control company. We received comments from relatives during this inspection that the mice infestation was an ongoing problem, which the provider was still taking action to address.

Systems and processes to safeguard people from risk of abuse

- People were supported by staff who were encouraged to report wrongdoing at the service. Staff were provided with information about how to whistle blow. The registered manager told us that they highlighted the importance of staff accessing the standard whistle blowing procedure as well as a 'COVID hotline' established by the provider and the company's employee assistance scheme if they needed confidential advice and support.
- We noted there was an increased number of safeguarding concerns raised during the pandemic. At the time of our inspection visit the provider was awaiting the investigation outcomes from the local authority safeguarding team for some of these concerns.
- The provider had used the outcomes of safeguarding investigations as a learning tool to improve the service and minimise the risk of future occurrences. For example, the registered manager met with a senior officer from the local London Ambulance Service (LAS) team after they raised concerns. This provided an opportunity for the service to develop improved ways of working with LAS.
- Staff continued to receive training to enable them to protect people from the risk of abuse and neglect. This included training for safe handling of people who use the service and pressure ulcer prevention.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns we had about the safety of people's care.

We will assess all of the key question at the next comprehensive inspection of the service.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed how people were supported at lunch time on each of the four units and found that staff provided support in a patient and relaxed manner. For example, we saw staff provide people with individual support to eat their lunch. Where people were eating independently in dining rooms or their own bedrooms, staff checked whether they were satisfied with their meals and monitored if any support was needed.
- Fluids were available throughout the day and across each floor. A drinks fountain was available on Rose and Jasmin units, which had been freshly filled and dated. We noted that people had a jug of water or juice on their table and staff were seen to regularly encourage and support people to frequently have a drink as it was a hot day. In the communal areas there were also drinks stations with jugs of water and juice, and snacks such as biscuits, cakes and fresh fruit.
- We saw that people living with dementia received the support they needed to eat and drink, although there were elements of the hospitality service that needed to be considered. There were stains and crusty food marks on a tablecloth on Butterfly unit and people were told by staff that mozzarella was one of the lunch time choices, which turned out to be moussaka when it arrived. Two out of a total of four dining tables were equipped with salt and pepper.

We recommend the provider seeks professional guidance to improve the dining experience for people living with dementia.

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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. The purpose of this inspection was to check on concerns about whether staff felt supported by the culture of the service.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- The registered manager ensured that arrangements were in place to support people to have meaningful contact with their relatives and friends. This included staff supporting people to use telephones and different types of technology, for example IPADs that allowed people to simultaneously see and speak with each other. The visits in the garden scheme offered a booking service to promote a fair allocation of visits and there was also a standby list for relatives and friends in case of last-minute cancellations.
- Staff predominantly told us they felt supported by the senior management team at the service. One staff member told us they were contacted in an empathetic and caring way when they were off work at a time during the COVID-19 pandemic. Other staff talked about the difficult time experienced by the service at the height of the pandemic and described how the registered manager spent time on the units and checked they were alright. Staff mainly stated that they felt listened to by the senior management team.
- There were a variety of practices in place to promote transparent and positive communication between staff in different positions and departments within the service. This included short daily briefing meetings with senior staff and head of departments, for example housekeeping and catering. Weekly clinical meetings had taken place which included updates on policies, the COVID-19 admissions policy and other COVID-19 related issues such as testing and staff training resources. Minutes showed that each unit was discussed including any concerns about people who use the service, for example pressure ulcers or medicine issues. The learning from these meetings was shared with staff.
- This approach to open communication was cascaded throughout the service. For example, the head housekeeper lead daily meetings with the domestic team to discuss key topic including rooms to be cleaned and further training needs of departmental staff. A staff member working on one of the units told us, "We have daily meetings and get to discuss any updates, either from Care UK or the government. I'm regularly updated on any changes and share with my staff; I have felt very supported."
- The provider had arranged a dedicated week for reflection and remembrance when the service emerged from a very difficult time, as a significant number of people passed away in the peak weeks of the pandemic. This event included a formal acknowledgement and appreciation of how hard staff had worked, for example staff were given a gift from the provider to mark their loyalty and commitment to people at the service and their colleagues.
- The provider demonstrated that current government guidance was used to continuously develop their

policies and practices. For example, the provider had produced and implemented a risk assessment document for staff from Black, Asian and Minority Ethnic (BAME) backgrounds in line with emerging evidence of how COVID-19 disproportionately affected people from BAME backgrounds.

- The management team carried out quality monitoring exercises and audits to check how the service was operating to enable them to identify areas for improvement. This included audits in relation to the management of medicines and infection prevention and control audits. For example, the provider identified that they wished to introduce see through masks for staff to aid communication particularly for people living with dementia and/or have a sensory impairment. At the time of the inspection they had not been able to source a supplier but had introduced an innovative design of personal protective equipment (PPE) and hand hygiene posters to support people's understanding of current practices. These were in the form of 'war propaganda' style posters reminding people to wash their hands, throw away used tissues and keep socially distanced.
- The provider's own monitoring of the service included a compliance monitoring visit by a head office quality assurance team. This report identified areas for improvement, for example it was noted that one to one staff supervision meetings which had been paused during the height of the pandemic needed to recommence. The registered manager and the management team at the service were working towards implementing these improvements.

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

- The registered manager demonstrated a clear understanding of their responsibilities and sent notifications of significant events to the Care Quality Commission in a timely manner, in line with legislation.
- Records were kept of accidents, incidents, complaints, safeguarding concerns and other events. Whenever requested by us, the registered manager has sent additional information and their own analysis or investigations if applicable in a prompt manner.

Working in partnership with others;

- The provider worked closely with a range of other health care professionals and had attended wider multi-disciplinary team meetings with local organisations, for example the local authority, the Clinical Commissioning Group, London Ambulance Service and the local Public Health officer. The registered manager told us that due to this joint planning and support, "We have learnt how to live with COVID and we are much more aware and prepared for a second wave."
- We noted the provider used training materials from both the NHS and Public Health England to support staff with their understanding of COVID-19 and how to protect people and themselves. This included webinars and health education posters.
- A representative from the local Public Health team commented positively to us about the input and approach of the registered manager.
- The registered manager informed us that counselling sessions were being made available for staff who wished to have this support, through an arrangement between the provider and the national palliative care and bereavement support charity Marie Curie.