

Wirrelderly

Elderholme Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elderholme Nursing Home is a care home providing personal and nursing care to up to 64 people. They also provide specialist care to people who require ventilation or tracheostomy care, as well as short term assessment and reablement support. At the time of the inspection, 54 people were living in the home.

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

Medicines were not always managed safely as they were not always stored or administered as prescribed. This is a breach in regulation. Risks were not always robustly assessed to ensure they could be effectively mitigated to help maintain people's safety. The manager told us they had begun addressing this following the inspection. The systems in place to monitor the quality and safety of the service were not always effective as they did not identify all the issues we highlighted during the inspection. The manager set up an audit schedule following the inspection to help improve this. We made recommendations about risk management and the governance of the service.

There were enough safely recruited staff on duty to meet people's care needs in a timely way. People told us they felt safe in the home and clear safeguarding procedures were in place. The home was clean and effective infection prevention and control procedures were in place, including those relating to COVID-19. Staff told us they felt safe going to work and they had access to all required personal protective equipment.

Consent was sought in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had completed relevant training to help ensure they had the skills to support people safely. They felt well supported in their roles and felt comfortable raising any issues they may have.

People's dietary needs had been assessed and were reflected in plans of care, so staff knew how to meet them. Advice was sought from professionals when required was incorporated into the plans of care. People told us staff sought medical help in a timely way if they were unwell.

Feedback regarding the care provided and management of the service was generally positive, from people, relatives and 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 requires improvement (published 7 August 2019). At that inspection we identified a breach of regulation regarding consent. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements

had been made in this area and the provider was no longer in breach of regulation regarding consent. However, we have identified breaches in relation to the safe management of medicines at this inspection.

The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating and in line with our systems response to the pandemic.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elderholme Nursing Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan and meet with the provider to establish what they will do to improve the standards of quality and safety. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elderholme Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elderholme Nursing Home 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 did not have a manager registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post and had applied to register with CQC.

Notice of inspection

This inspection was announced 20 minutes before it began. This was to enable the inspection team to arrange a safe way to access the service and ensure the provider's Covid-19 procedures could be adhered to.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority.

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. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We received feedback from four people living in the home and seven relatives about their experience of the care provided. We also spoke with four members of staff, as well as the manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including accidents, safeguarding information and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found during the inspection.

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. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely as they were not always administered as prescribed or in line with best practice. For example, medicines that should be given 30 minutes prior to eating.
- Guidance from a pharmacist was in place for most medications being administered covertly, to ensure safety. However, one medication did not have this guidance. Guidance was also not always available to guide staff when to administer medicines prescribed as and when required.
- Prescribed products such as creams and thickening agents for drinks were not always stored securely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took action to address all of these concerns during the inspection.

Assessing risk, safety monitoring and management

- Risks were not always assessed and recorded robustly to ensure they could be mitigated.
- Although individual risks to people had been assessed, they were often confusing and contained conflicting information and the outcome of the assessment was not always clear. Following the inspection, the manager told us all risk assessments were being reviewed.
- Regular internal and external checks had been undertaken on the building and equipment to help ensure safety is maintained, however, there was no risk assessment in relation to the risk of legionella.
- There was no care plan available to guide staff how to safely administer a person their medications covertly (hidden in food or drink). Following the inspection, the manager provided evidence this had been actioned.

We recommend the provider reviews and updates its practice to ensure all risks are robustly assessed and mitigated.

- Personal emergency evacuation plans were in place, to ensure staff knew what support people needed in the event of an emergency.
 - Risk assessments and care plans for specific health needs, such as Epilepsy were in place.
- People and relatives told us Elderholme was a safe place to live. One person told us, "I feel very safe indeed, it couldn't be better." and a relative said, "I have no complaints and no concerns. What they do best is provide a safe, secure clean environment."

Staffing and recruitment

- Records showed there were sufficient numbers of safely recruited staff on duty to help ensure people's needs could be met in a timely way. Most people agreed and told us, "There is sufficient staff, yes. There is always someone here" and "When I press the buzzer I don't normally have to wait."
- Staff told us that staffing numbers were maintained and agency staff were utilised when needed.
- Systems were in place to ensure agency staff were safe to work in the home and these systems were reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure safeguarding concerns were identified, reported and recorded.
- Staff had undertaken safeguarding and whistleblowing training, a policy was in place to support their practice and staff knew how to raise concerns.
- Records showed that referrals had been made appropriately to the local authority when required.

Preventing and controlling infection

- There was an outbreak of COVID-19 at the time of the inspection, but we found there were effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Increased cleaning schedules had been developed and the home was clean. One person told us, "It is very clean. Staff always wears PPE, masks, aprons and gloves. I am not worried about Covid."
- Sufficient supplies of personal protective equipment (PPE) was available around the home and staff had received training on how to wear and dispose of it safely. Regular hand hygiene audits were also completed.
- People living in the home and staff were completing regular COVID-19 tests to help prevent transmission.

Learning lessons when things go wrong

- Some systems were in place to learn from previous incidents.
- All falls were recorded and reviewed by the manager each month to monitor trends and take appropriate actions to reduce risk to people.
- Other incidents however, were not reviewed regularly to enable potential themes or trends to be identified and acted upon.
- Staff were updated regarding any changes made following incidents, to help reduce risk and maintain people's safety.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

During the last inspection the provider was found to be in breach of Regulation 11 as people's consent was not always recorded in line with the principles of the Mental Capacity Act. During this inspection, we found that improvements had been made and the provider was no longer in breach of regulation.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and recorded in line with the principles of the MCA. People told us staff asked for their consent before providing care. One person told us, "Yes, I'm particular about them asking consent first."
- Records showed that when able, people consented to their care and treatment. When people were unable to provide this consent, mental capacity assessments were completed and best interest decisions made that involved relevant people.
- Systems were now in place to ensure anyone moving into the home was aware of the CCTV within communal areas.
- DoLS applications had been made appropriately when required and were renewed in a timely way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure they were known and could be met by staff.
- Best practice guidance was referred to within care plans and had been incorporated into some of the

plans. However, some best practice guidance regarding specific medicines was not always followed. We have reported on this further in the safe domain.

Staff support: induction, training, skills and experience

- Records showed that staff had completed training relevant to their role. Competency assessments had also been completed in various areas to ensure staff had the skills and knowledge to support people safely.
- Staff told us they felt well supported in their roles and felt comfortable raising any issues they may have.
- Records showed that staff received regular supervisions, often based on specific topics, and new staff completed an induction when they commenced in post.

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

- The kitchen staff catered to people's individual nutritional requirements to ensure their needs were met. This included vegetarian, high protein and diets of varying consistencies.
- Care plans reflected people's nutritional needs and showed that advice from professionals was incorporated into the plans of care.
- One relative described how their family member had put on weight since living in the home, as their nutritional needs were met and guidance from the dietician was followed.
- People told us they had choice at each meal and most feedback regarding the quality of the food was positive. Comments included, "The food is very good, I have my favourites. There is a choice of two dinners" and "It is very good in many ways. The food is good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us GP's were contacted in a timely way when people were unwell and emergency medical advice was sought when necessary
- Referrals were made to other health professionals for their professional advice and records showed this advice was followed.
- One person described the regular support they received from an external therapist and how much this had helped them.

Adapting service, design, decoration to meet people's needs

- The home was on one level with wide, well-lit corridors and contrasting hand rails.
- Rooms were personalised and contained people's own photographs, furniture and pictures.
- Some carpets in bedrooms were quite worn and the manager told us they were in the process of replacing all carpets.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The systems in place to monitor the quality and safety of the service were not always effective.
- A range of audits were in place but not completed regularly. The manager told us this was due to the COVID-19 pandemic and the main focus has been on keeping people safe. The audits completed did not identify all the issues we highlighted during the inspection, such as those regarding medication and risk management. Following the inspection, the manager told us they had developed an audit matrix for daily, weekly and monthly audits required and had put this into practice.
- Care provided was not always accurately recorded, as the times on repositioning charts were not fully completed to show when the support was given.
- There was some recorded evidence of provider oversight from board meetings, but this had not been frequent due to the pandemic. The manager told us they spoke with the Chief Executive Officer every day and kept them updated on the day to day running of the service.

We recommend the provider reviews and updates its practice to ensure systems in place to monitor the quality and safety of the service are robust and effective.

- The manager was working through an internal action plan to help make improvements in the service and it was evident that several actions had been completed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new manager had started in post and had applied to become registered with CQC.
- Ratings from the last inspection was not displayed on the providers website as required. This was raised with the manager and addressed following the inspection.
- The Commission had been informed of all reportable incidents and events providers are required to inform us about.

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

- Feedback from people and relatives regarding the service provided was positive. Comments included, "I like it here; they look after me extremely well" and "What they do really well is care for people and look after people. This care home is exactly what I want for my relative."

- Relatives told us the service was managed well and described the new manager as, "Approachable, has an air of professionalism, and confidence" and "The new manager is very, very nice: exceedingly nice. I have no concerns or worries."
- Staff told us they enjoyed their jobs and were well supported in their roles and could raise any concerns they had with the manager. Staff told us, "[The manager] is very fair and always gives us time", "Fabulous, she is a colleague [not just a manager]" and "We get supported by the nurses and the manager, it is a team."
- Measures had been taken during the Covid-19 pandemic to facilitate people having contact with their relatives when they have been unable to visit. This included the use of technology for video calls, as well as update phone calls from staff.

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

- Relatives told us they were informed of any accidents or incidents that occurred and were always kept updated of any changes in their family members health or wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager had tried to ensure people and relatives continued to feel involved. Regular newsletters were distributed, letters were sent to families advising on changes to visiting arrangements and how staff were working to keep their loved ones safe through use of PPE and engaged through activities.
- The manager engaged with other agencies to participate in local initiatives with the aim of improving services for people.
- There had not been any formal feedback gathered from people recently due to the pandemic, but the manager told us staff spoke with people every day to ensure they were happy.
- There had not been any recent meetings held with people or their relatives, but relatives were kept informed through regular newsletters. One relative told us, "They are good about keeping in touch and I ring in several times a week."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed safely.