

Mr David Hetherington Messenger

Ernvale House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 2 February 2016 and was unannounced.

The service was registered to provide accommodation and nursing care for up to 85 people. People who used the service tended to be over 65 years old and had physical and/or mental health diagnoses. There were five units at the service. These included a residential unit for people without nursing care needs, a nursing unit, a unit for older people with mental health needs and two single gender units for people with behaviours that challenge. At the time of our inspection 68 people were using the service.

We carried out an unannounced comprehensive inspection of this service on 2 and 3 September 2015. Breaches of legal requirements were found. After the comprehensive inspection, we asked the provider to take action to make improvements to meet legal requirements in relation to protecting people from harm and abuse, providing safe care and treatment, staffing levels, meeting nutritional and hydration needs and assessing and monitoring the quality of the service provided. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

The service 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.

People were at risk of receiving inconsistent care because risk management plans were not always in place or not clear.

People were encouraged to make their own decisions and support was provided in line with current legislation and guidance. However, not all staff understood the legal requirements of the Mental Capacity Act (2005) which meant there was a risk that people's legal and human rights may not be respected.

People had access to healthcare professionals, though records did not always consistently show that health needs were monitored and what actions had been taken when required.

People were mostly treated with kindness and compassion though there were examples where staff did not approach people in a caring manner.

We saw that improvements had been made to the systems in place to monitor quality and that the registered manager took actions to make improvements when required. However, there were some issues that had not been identified during quality checks.

People felt safe and were protected from avoidable harm and abuse by staff who knew how to recognise

potential signs of abuse and how to report them appropriately. We saw that systems were in place and were followed to ensure that safeguarding adult's investigations took place when required.

There were enough staff to meet the needs of people who used the service and staff were recruited safely. People's medicines were managed safely so that they received them as required.

People were provided with enough food and drink to maintain a healthy diet. People had choices about their food and drinks and were provided with support when required to ensure their nutritional needs were met.

People were provided with personalised care to meet their needs and preferences. Care plans included life history information and staff knew people's preferences. People's dignity was respected and they were encouraged to be involved in developing their care plans.

People knew how to complain if they needed to. A complaints procedure was in place and we saw that complaints had been dealt with in line with the provider's procedure. People and their relatives were encouraged to give feedback on the care provided via questionnaires and meetings. The registered manager responded to feedback and changes were made to improve the quality of the service provided.

People, relatives and staff felt the registered manager was approachable and responsive. The registered manager understood the requirements of their registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were at risk of inconsistent care because plans to manage risk were not always in place or not clear. Systems were in place to protect people from avoidable harm and abuse. There were enough staff suitably deployed to meet people's needs and people got their medicines when they needed them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People had access to healthcare professionals though monitoring of their health needs was not always accurately recorded. People were supported to make decisions in line with current legislation, however not all staff understood the Mental Capacity Act (2005) so there was a risk that people's right may not be respected. People were supported to eat and drink enough to maintain a healthy diet and staff were suitably skilled to support people.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were mostly treated with kindness and compassion, however people told us and we observed that staff did not always approach people in a caring manner. People's confidential information was not always respected by staff. People were involved in making choices about their care and their dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care to meet their needs and preferences. People and their representatives were involved in planning and reviewing their care. People knew how to make complaints and complaints were managed in line with the provider's procedure.

Is the service well-led?

The service was not consistently well led.

Improvements had been made to the systems in place for monitoring quality, though some issues had still not been identified. People, relatives and staff felt that the registered manager was approachable and sought their feedback. The registered manager understood the conditions of their registration with us and kept us updated of developments or changes within the service.

Requires Improvement 

Ernvale House Care Centre

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 was 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.

This inspection took place on 2 February 2016 and was unannounced.

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.

We looked at information we held about the service. This included information received from commissioners of the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service, four relatives and a healthcare professional. Not everyone who used the service was able to talk with us about their experiences so we spent time observing how care and support was offered to people in communal areas.

We spoke with nine members of care staff, the registered manager and the deputy manager. We looked at six people's care records to see if they were accurate and up to date. We also looked at records in relation to the management of the service. These included quality checks, two staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

Is the service safe?

Our findings

At the last inspection the provider was not meeting the regulations because appropriate action was not always taken to protect people from harm and sufficient numbers of staff were not always deployed to keep people safe. This was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

People we spoke with told us they felt safe. One person said, "Yes I feel safe, there's good staff here twenty four, seven." Another person said, "The alarms help you feel safe, you press it and someone comes." We saw there was a more proactive approach to keeping people safe and deploying staff appropriately. Some people's needs had been reassessed which resulted in them moving to other units within the home where the staffing levels were more suitable to meet their needs. We saw that people had the supervision they needed to keep them safe. For example, one person needed to be supervised in communal areas to ensure their own and others' safety and we saw that this supervision was provided in order to ensure that people received safe care.

The registered manager explained how they used a tool to help assess and monitor the number of staff required to safely meet people's needs. This involved looking at each person's individual needs and the type of support they needed. We saw that this was regularly reviewed and that the number of staff on duty was above the minimum number that had been assessed as required. Staffing levels had been increased on most units following thorough assessment of people's needs and listening to feedback from staff. One staff member said, "It's much better now there is more of us." The registered manager said, "We keep a close eye on things and listen to staff because dependency levels can change a lot." We observed that the staffing levels were suitable to safely meet people's needs.

At the last inspection the provider was not meeting the regulations because people were not consistently protected from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

We spoke with staff members who were able to recognise the signs of abuse and the different types of abuse that may occur. Staff told us they would report any concerns to a member of the management team and were aware of how to report concerns when the registered manager was not in the building. One staff member said, "I'd check the person is safe and report to the managers." Another staff member said, "We complete a written report and present it to the manager. On-call support is available out of hours." We saw that a system was in place for the reporting of potential abuse and avoidable harm which meant that incidents were reviewed by the registered manager or deputy manager to ensure that local safeguarding adult's procedures were followed. Records showed that the provider had consistently reported incidents to the local authority when required and followed direction from the local authority to ensure that suitable actions were completed following the outcomes of any investigation. This showed that systems were in place and were followed to help keep people safe from avoidable harm and abuse.

There was a risk that people may receive inconsistent care because risk management plans were not in place or not clear. New staff or temporary staff would not have the information they needed to care for people safely. For example, daily records showed that one person was frequently aggressive towards staff when receiving personal care. There was no risk management plan in place to help staff to manage the risk or understand how best to support the person. However, when we spoke with staff, they told us how they manage the risks and what strategies were successful to help the person, though this was not recorded. We saw a number of plans for people who could become aggressive towards staff and others and needed support to manage this risk. Plans included statements such as, "re-direct" and "de-escalate" but it was not clear how staff should do this. This meant the person was at risk of receiving inconsistent care because clear plans and direction were not in place.

People told us and we saw that medicines were managed safely so that people received them when they needed them. One person said, "I have five tablets in the morning, three at lunch and three at night, plus some patches, and there are no problems." We observed that people were given the time and explanations they needed to take their medicines. Systems were in place to ensure that medication was stored, administered and disposed of safely and we saw that these were effective.

Is the service effective?

Our findings

At the last inspection the provider was not meeting the regulations because people's dietary needs were not always met as planned. This was a breach of Regulations 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that improvements had been made in this area.

People told us and we saw that they enjoyed the food and the mealtime experience. One person said, "The food is lovely, my favourite is the crumble for pudding." Another person said, "I enjoy mealtimes because I sit with my friend and the meals are so nice." We saw and staff told us that people were offered choices of food. One person was offered a number of alternatives when staff noticed they were not eating their meal. People told us and we saw they were regularly offered and provided with a choice of hot and cold drinks. One person said, "I can go and make myself a drink at any time." We saw that snacks were offered throughout the day. Some people were enjoying coffee and doughnuts during the mid-morning, one person said, "Oh yes please, they're my favourite."

People's nutritional needs were assessed and support was provided when needed. We saw that one person had been assessed and was being monitored as they had a history of weight loss. Records showed that they were weighed weekly and a senior staff member told us they monitored the person's weight and took action when required. We saw that the person had started to lose a small amount of weight and a fortified diet had been implemented to help them gain weight. We saw they were given this and staff recorded what the person ate and drank so that this could be monitored. A family member told us, "My [Relative] has put on weight since they have been here. They make sure that he eats well." Some people needed support to eat their meal and we saw that staff provided this support. We observed that one person was supported by staff to eat in the lounge. The staff member chatted to them in a relaxed manner whilst they ate. The person was not rushed and they were smiling and eating their lunch.

We saw that records did not always consistently show that health needs were monitored and actions were taken as required. For example, one person had uncontrolled diabetes. Their blood sugars were monitored and recorded; however, records did not show what action had been taken when they were not within a safe range. We found that action had been taken to keep the person safe, however the records did not clearly show this and therefore did not show a complete and accurate picture of the person's health.

People, relatives and staff told us that people's health needs were monitored and they had access to healthcare professionals when required. One person said, "The GP comes once a week and the nurse comes twice a week. The staff organise a visit if I need one." A relative said, "I go to appointments with [my relative]. If I can't go, a carer will go." We spoke with a visiting health professional who told us, "The staff here are helpful and follow advice. They contact me if there are any problems."

People told us and we saw that people were asked for consent before they were supported. For example, one person had spilt their drink on their trousers. The staff member asked them, "Would you like me to help

you change your trousers?" 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. We observed and records showed that the principles of the MCA were being followed. We saw that people's mental capacity to consent to their care was formally assessed and when they were unable to make a decision, decisions were made in their best interests.

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). We saw that DoLS applications had been completed when required to ensure that people were not unlawfully restricted. However, not all staff understood the requirements of the DoLS which meant there was a risk that some restrictions may not be identified and assessed to ensure they are in the person's best interests.

People and their relatives told us that staff were suitably skilled to meet their needs. One person said, "All staff are well trained." A relative said, "They know how to support my relative and they are well trained." Staff told us they received the training and support they needed to provide effective support to people. One staff member said, "I've recently done some training on palliative care. I learned how to approach a person at the end of their life, how to make them pain free and comfortable." Staff told us they received regular support and supervision where they could discuss their development needs and they felt this was useful.

Is the service caring?

Our findings

Most people told us that they were treated with kindness and compassion. One person said, "The staff are very patient." A relative said, "The staff are very caring." However, another person told us, "The younger carers are not so good. It's as though they haven't been told how to approach people." We saw some examples when staff did not think about how people felt before acting. For example, we saw a member of staff move the chair a person was sat in without telling or asking the person. The person woke up with a start and shouted out. They were startled and did not know what was happening .

Information about people was not always treated confidentially and respected by staff. For example, we saw a person tell a staff member that another person wanted a drink. The staff member said, "I'll have to ask the nurse, they're on restricted drinks." This information about the person was shared in front of nine other people who used the service. We also saw that a quality monitoring report containing people's initials and personal information about them was displayed in a communal area. This meant that anyone visiting the home could access personal information about people who lived there.

People were sometimes supported to be involved in making choices and decisions about their care . We saw that one person was offered a choice of drinks but was struggling to make the choice. The staff member sat next to them and spent time going through all the options until the person stopped and said 'yes'. The person was given the time to make the choice by a staff member who knew them well and knew how to communicate effectively with them. When another person was unable to make a choice, a staff member said, "How about you try a brew?" The person nodded and we saw they drank all of their drink.

People told us and we saw that their dignity was respected and promoted. One person said, "I am very happy. They treat me well, especially when they bath me, they cover me up." A family member said, "They do [My Relative]'s hair well and keep her clean." We saw staff discreetly providing support to people who used the service. For example, we saw one staff member help someone to wipe their mouth at lunch time, they spoke in a quiet voice and smiled at the person whilst supporting them, this helped promote their dignity. We saw that people's bedroom doors were closed when they were being supported with their care needs to ensure their privacy and dignity was respected.

Is the service responsive?

Our findings

People told us they received personalised care to meet their needs and could spend their time how they chose. One person said, "I can go to bed whenever I want to." Another person said, "I go to church on special Sundays." Care records contained information about people's care preferences and life histories which meant staff had access to the information they needed to provide personalised care and meet individual needs. We saw that one person's care plan said they liked to wear casual, comfortable clothes such as jogging bottoms and we saw that they had been supported to dress in this way.

Staff knew people's preferences and how they preferred to be supported. We saw that one person ate their lunch in their room and had a different meal to what was on offer. Staff told us and records showed that this was the person's preference. Staff told us that another person liked animals and they would talk to them about animals when they were upset and this would help improve their mood.

People told us they were supported to take part in the activities they chose. One person said, "I don't get bored." Another person said, "I enjoy reading, I read a lot." There were two staff employed to coordinate activities. We saw that one member of staff was supporting a person to complete a puzzle. They told us they spent time on all of the units within the home. We saw there was a quarterly 'activities newsletter' displayed near the entrance to the home which stated what was planned for January to March 2016. This contained mainly craft activities. One person told us, "I don't take part in the activities but they always ask if I want to join in."

People and their representatives were involved in their assessments and planning of their care. Some people we spoke with were aware they had a care plan but chose not to be involved in regular reviews. Relatives told us they were involved in creating care plans and invited to attend reviews. We saw that relatives were encouraged to attend reviews and were offered a range of appointments including evening and weekends to enable them to be involved in their relatives care. We saw that people's care records were evaluated monthly or when people's needs changed.

People and relatives knew how to complain if they needed to. One person said, "If I had a complaint, I'd tell the staff." A relative said, "I would speak to the deputy manager or the manager." One relative told us about a complaint they had made and that this had been resolved and they were satisfied with the outcome. There was a complaints procedure in place and records showed that complaints had been dealt with in line with the procedure. We saw that all complaints including verbal and written complaints were logged and investigated and actions were taken when required. We saw that a complaint had been made about a person's chair being too low for their needs. The registered manager made a referral to the Physiotherapist and we saw that professional advice was being followed.

Is the service well-led?

Our findings

At the last inspection the provider was not meeting the regulations because effective systems were not in place to consistently assess, monitor and improve quality and manage risks to people's health and wellbeing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that some improvements had been made in this area.

Systems were in place to assess and monitor quality and these were used to drive improvement. The registered manager completed a number of audits including checking medication records, care plans and weights. We saw that action had been taken when required. For example, we saw that an analysis of monthly weights had identified that one person had lost weight. The person had been referred to a multi-disciplinary team of professionals and was recommended and provided with a fortified diet. Records showed that the person had since gained weight.

The registered manager completed regular spot checks and observations to ensure that good quality care was being provided. Mealtime observations were completed and these showed that improvements were being sustained, including good quantities of food being on offer and choices being available to people. However, checks had not identified all of the issues found during the inspection including some risk management plans not being in place or not being clear. Observations and spot checks had not identified that some staff were not always treating people in a caring manner and that confidential information was not protected. This meant that some improvement was still required to ensure that issues with quality were identified and acted upon in a timely manner.

The registered manager sought feedback from people who used the service and their relatives. A questionnaire was sent out to people and relatives and the outcomes of this were displayed on a 'You said, We did' notice board. For example, one person had requested the option of a daily cooked breakfast and we saw that this was now on offer. Regular residents and relatives meetings were held. People told us and records showed that open discussions were held and people were encouraged to be involved in the development of the service. One person said, "We have meetings and we discuss the rights and wrongs of things." A relative said, "We discussed the last inspection outcome, food and activities. The cook attended so they could hear the feedback and make any changes."

People, relatives and staff felt supported by and had confidence in the registered manager. One person said, "The manager is very good." A relative said, "She is a good manager, very approachable." A staff member said, "The management are great, they are very supportive." We saw that the registered manager was well known to people who used the service and knew their needs and preferences. Comments and suggestions sheets were available for people to complete and displayed at the entrance to the home. They contained an option to select if you wish to discuss your comments with the registered manager and we saw that these were regularly reviewed by the registered manager.

The registered manager understood their responsibilities of registration with us. We were notified of significant events in line with registration requirements. Staff knew about and understood whistleblowing

procedures and said they would feel confident to use these procedures if required.