

Wirrelderly

Elderholme Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Elderholme is a care home that was providing personal and nursing care to 64 people at the time of the inspection.

People's experience of using this service

We identified one breach of regulations. This was in relation to the need for consent for people who lacked capacity to make their own decisions. A close-circuit television system had been installed in communal areas of the building for the purposes of monitoring quality and safety of those areas. While there was evidence that most people had been consulted; there was no evidence that people who lacked capacity had had their consent gained through best interest processes in line with good practice and guidance. The system for checking on the quality and safety of the service had not identified this.

Improvements had been made since the last inspection in relation to how medicines were managed. Medicines were safely managed.

People felt safe living at Elderholme and this view was echoed by relatives. People told us "oh yes I feel very safe here, [staff] are very good and kind" and "I feel I can walk away after visiting [name] and know that they are safe." Risks that people faced were identified and assessed and measures in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. The environment was safe and people had access to appropriate and innovative equipment where needed.

The atmosphere at Elderholme was homely; the staff team had developed positive relationships with people. Throughout our visit staff were seen to be supportive towards people and interacted with them in a calm and caring way. Staff were seen to be genuinely motivated to deliver care in a person-centred way based on people's preferences. Staff treated people with kindness and respect. Everyone we spoke with told us Elderholme was homely and that staff were always kind and caring towards them.

Enough suitably qualified and skilled staff were deployed to meet people's individual needs. Staff received a range of training and support appropriate to their role and people's needs. Staff clearly knew people and their needs well and were seen to provide care and support that was based on their needs and preferences. People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and they were to be met in a way they preferred. People told us they received the right care and support from staff.

People received personalised care and support which was in line with their care plan. People knew how to make a complaint.

The registered manager was keen to create a homely atmosphere within Elderholme and maintain links

between the local community and people who lived there. The registered manager was described by staff as approachable and supportive.

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

Rating at last inspection: The service was rated as requires improvement overall at our last inspection. The report was published on 7 July 2018.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

Elderholme is a 'care home'. People in care homes receive accommodation, nursing and personal care as 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.

Notice of inspection

The inspection was unannounced on the first day and announced on the second day.

What we did

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service.

During our inspection

We observed the support provided throughout the service. We spoke with five people living in the home, five relatives, ten staff including, the registered manager, human resources manager, chief executive officer, two

registered nurses, three care assistants and two volunteers. We looked at records in relation to people who used the service including nine care plans. We also looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

Following the inspection

We asked the registered manager to forward us information following the inspection. This was done in a timely manner.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to take steps to ensure the safe management of medicines. was safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 12.

- Medications were stored appropriately, and balances of medication tallied with records maintained.
- Medication administration records we saw were appropriately signed. Additional records were in place when PRN medication (medication as required) and creams were administered.
- Staff received appropriate training in medication administration and had their competency to do this checked on a regular basis.
- We observed medication being administered to people. This was done in a sensitive and person-centred manner.

Preventing and controlling infection

- The premises were clean and hygienic. We alerted the registered manager to one hygiene issue and this was dealt with this promptly.
- People and relatives commented that the premises were always clean.
- Staff had sufficient access to personal protective equipment such as disposable gloves and aprons and used them routinely. Staff also received training in infection control.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the types of abuse and how any concerns could be reported.
- People who used the service felt safe with the staff team and trusted them.
- Staff were aware of other agencies they could refer to if they had any care concerns.
- Care plans emphasised the ways in which people could have their safety promoted.
- The registered manager had measures in place to report any alleged abuse incidents or other events that could place people at risk.

Assessing risk, safety monitoring and management

- Risks faced by people in their everyday lives were reflected in accurate and up to date assessments.
- Other assessments related to the hazards faced by people from the wider environment were in place and up to date.
- Systems within the environment such as equipment and fire detection systems were regularly serviced to

ensure people's safety.

- Personal evacuation plans (known as PEEPS) were in place outlining how people could be safely evacuated in the event of an emergency. These were up to date.

Staffing and recruitment

- People told us that there were sufficient staff on duty to meet their needs.
- During our visit, staff responded quickly to the needs of people and sufficient staff were in place to achieve this.
- Staff employed included a mix of staff skills in order to meet specialist needs of people.
- Staff told us that they were happy working within the service and that the staff team worked well together.
- Staffing levels were supplemented by volunteers who assisted within the service.

Learning lessons when things go wrong

- Records of incidents and accidents were maintained
- Incidents and accidents were analysed by the registered manager to minimise future re-occurrence.

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. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been breached.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Not all people had provided their consent to their care and treatment.
- A closed-circuit television system (CCTV) had been installed in communal areas such as lounges, dining rooms and corridor in order to monitor safety and quality of care.
- The registered manager provided evidence that most people and relatives had been consulted about the proposed installation.
- The registered provider had sought to seek consent from relatives of those who lacked capacity to make a decision in this instance but had not demonstrated a full understanding of the principles of the Mental Capacity Act. Relatives cannot legally make decisions and sign to give consent for people who lack capacity other than being consulted as part of best interests' meetings and decisions which should be individually recorded.

This lack of evidence from registered provider to demonstrate that all people who lacked capacity had given consent to the installation and use of CCTV is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The nutritional needs of people were outlined in plans of care. This included their likes, dislikes and the way they could be effectively be supported in their nutrition.

- Staff supported some people to receive adequate nutrition and hydration through alternative means such as Percutaneous Endoscopic Gastrostomy (PEG).
- People were appropriately supported to eat either independently or with sensitive staff support during mealtimes.
- People told us "the food is very good" and "we always get a choice if we don't want something". Relatives who visited at mealtimes told us that they were able to support their relatives and that food was "of a good quality".
- Meals were prepared in a kitchen that had rated as five stars for hygiene and safety in April 2019. This is maximum rating that can be awarded.

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

- Assessments were always completed before people came to live in Elderholme. Information relating to the needs of one person who was due to be admitted on the days of our visit was completed in advance.
- All assessments were carried out by a member of the management team.
- Assessments covered all aspects of people's needs including relevant medical history, their background, social interests and communication needs. It gave people the opportunity to express their preferences and future aspirations.

Staff support: induction, training, skills and experience

- New staff completed a structured induction process. This included essential value-based material to assist staff to prepare for their role.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.
- Registered Nurses received clinical training to support them in their role.
- Staff told us they felt supported in their role and were able to discuss any learning and development needs through regular one-to-one meetings.

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

- The premises were undergoing redecoration and refurbishment. Refurbished areas were well decorated and pleasant environments.
- Other areas in need of refurbishment had been identified for renewal and would be addressed as a planned programme.
- The design of the building was such that people were able to find their way easily. Signage enhanced people's orientation around the building.
- A CCTV system had been installed in communal areas to monitor safety and quality within the building.

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

- Two visiting professionals told us that the staff team provided good care and met people's needs effectively.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed and records maintained to evidence such referrals and any advice given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The religious or cultural needs of people were recorded in care plans and other assessment information. This included any specific lifestyle choices that people wished to pursue.
- People told us that they were "well-treated" by the staff team and supported appropriately in their daily lives.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff used this information to help them get to know people and engage with them in meaningful ways.
- The service received compliments and thank you cards from relatives, thanking them for their care and compassion.

Supporting people to express their views and be involved in making decisions about their care

- The communication needs of people were outlined in care plans and these indicated any considerations that staff needed to take in effectively communicated with people to gain their views and preferences.
- As communication needs changed, care plans were adjusted to enable staff to take changes into consideration and adjust practice accordingly.
- Some people had some difficulty in being understood verbally yet staff took the time to ensure that they could express themselves
- We witnessed staff offering people choice in how they wished to be supported and giving them to time to make choices that they were happy with.

Respecting and promoting people's privacy, dignity and independence

- People told us "they [staff] respect me and treat me with kindness. They never hurry me and I feel what independence I have; they encourage me". Other told us that they had been apprehensive about moving into full-time care but their fears had gone because of "how kind and caring [staff] have been with me".
- Relatives told us that their relations' wellbeing had improved since they had come to live at Elderholme. Relatives felt that improvements were such that they had been able to re-engage with their relations in a positive manner.
- The independence of people was encouraged. Care plans outlined those aspects of daily life which people could safely manage themselves, for example, with mobilising around the building.
- Staff were able to outline practical measures they would take to ensure that people's privacy and dignity were upheld while they were supporting people with personal care. Staff were observed knocking on doors

before they entered bedrooms.

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People had access to advocacy services if they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were detailed, reflected the degree of support needed and were person centred containing all relevant information regarding people's needs. The service ensured that all relevant records were completed in a timely manner so that staff had access to the most up-to-date information.
- Care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- Staff were responsive to people's needs and ensured that support was provided when needed.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- The registered provider took the Accessible Information Standard into account. This ensured that information was accessible to people in an appropriate format to their needs.
- People were supported to access a range of activities on a regular basis. Activities coordinators were employed and actively engaged with people in determining their preferences and interests. A programme of activities was in place. People told us that they were able to be involved in activities if they wished.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint.
- Complaints procedures were on prominently display within the building.
- The service kept a record of any complaints that had been raised with details of responses made by the management team.

End of life care and support

- People received appropriate care and support as they reached the end of their lives.
- People's wishes and the wishes of family members were taken into account in how best to support people at the end of their lives.
- People's future wishes were captured with details of any spiritual or cultural considerations that needed to be made.
- Compliments received by relatives who had lost loved ones thanked staff for their care and attention as people reached the end of their lives.

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 requires improvement. 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; Working in partnership with others

- The provider made use of audits, reports and other forms of communication to monitor and improve the safety and quality of care. However, audits were not always effective in identifying a lack of complete consultation on behalf of people who lacked capacity regarding the use of CCTV.
- Lessons learnt from incidents and accidents in other services were shared with managers and staff to improve practice.
- Health professionals confirmed that the service worked closely with them on a regular basis to ensure that people's needs were met.
- The registered manager was involved with a number of care-related agencies and projects. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Notifications regarding important events had been submitted as required.
- The registered provider clearly displayed their current CQC rating. This demonstrated a transparent approach by the management team and was made in line with legal requirements.
- Each designation of staff had a clearly defined role within the service and understood their role and responsibilities.
- Audits, particularly in respect of medicines, quickly identified areas where improvements were needed in a timely manner.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team and staff demonstrated a commitment to providing high-quality, person-centred care. This commitment was evidenced through records, their interactions with people and plans to future enhance the environment for people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Elderholme and the need to act to ensure people had their needs fully met..
- Managers and staff were aware of need to support people with very complex physical needs in a person centred way with their dignity at the forefront of their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the service and their relatives were invited to comment on the quality of care provided in a

number of ways. involved in discussions about concerns and improvements in different ways.

- They were invited to attend regular meetings and complete questionnaires, or they could choose to engage less formally by speaking to staff and the registered manager.
- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. The staff that we spoke with said that they could approach the registered manager, or the provider at any time.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered provider did not always act within the principles of the Mental Capacity Act 2005 in obtaining consent from people who lacked capacity.