

Lakeglide Limited

Ersham House 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 19 April 2018 and was unannounced.

Ersham House is a 'care home'. People in care homes receive accommodation and nursing or 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.

Ersham House is a detached building with the accommodation spread over two floors and at the time of the inspection people occupied rooms on the ground floor.

At our last inspection in August 2017, the service was rated Inadequate and placed in special measures and we took further enforcement. We asked the provider to take action and they sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches we found. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. This inspection found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and that they had now met the breaches of regulation. The service has been taken out of special measures.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The current manager took over in May 2017 and had been in post 11 months at the time of the inspection. They have submitted an application to become the registered manager. We have received confirmation that an interview had been organised for June 2018.

Since the last inspection quality monitoring systems had been improved and implemented so that shortfalls were being identified and acted upon. However, the provider will need to evidence that improvements can be sustained over time and when new people came to live at Ersham House.

The training programme identified that there were still staff that needed to undertake essential training to ensure that people received safe and effective care. This was an area that required improvement. Some staff supervisions recorded in 2017 were not of a high quality and, although these had improved in 2018 this improvement needs to be sustained to ensure staff are supported adequately.

There were individual care plans for people that identified their specific needs. However, we found that improvements were still needed in the care plans to guide staff in responding to people's individual complex diabetic needs and those approaching their end of life.

We have made a recommendation that the registered provider seeks specialist training in diabetic care and end of life care to support staff in providing responsive care.

People were being kept safe from abuse. Staff understood their responsibilities in keeping people safe from abuse and had been trained. Staff knew how to report any possible concerns. People were supported safely around risks and were encouraged to take positive risks after control measures were applied. Environmental risks were managed safely and there were protections in place in relation to possible hazards such as fire. Staffing levels met people's needs and people told us that they could find staff to help them when they needed to and we observed staff were not rushed when helping people. People received their medicines safely and when they needed them by staff trained to administer them. Medicines were stored and managed safely. The risk from infection was reduced by effective assessments and cleaning rotas and the housekeeping team kept the home clean. When things went wrong the service had learned from accidents and incidents and had shared that learning with staff.

People had received an assessment of their needs and these were tracked through care plans to ensure effective outcomes were achieved. People received enough food and drink to maintain good health and they told us that they liked the food. Staff worked in partnership to provide consistent support when people moved to or from the service. People had access to healthcare professionals and were supported to maintain good health. Staff responded in a timely way when people were unwell and medical guidance was followed correctly.

The premises were suitable to meet people's needs and there had been changes made to the environment to meet the needs of people living with dementia. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act were being complied with and any restrictions were assessed to ensure they were lawful, and the least restrictive option.

Staff treated people with kindness and compassion. Staff knew people's needs well and people told us they liked and valued their staff. People and their relatives were consulted around their care and support and their views were acted upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as safely possible.

There was a complaints policy and form available to people. Staff were open to any complaints and understood that responding to people's concerns was a part of good care. People received a pain free and dignified death at the end of their lives. Staff supported people with compassion and worked with local hospice teams.

There was now a more open culture that was implemented by the management team. People and staff spoke of a friendly and homely culture that was empowering. People, their families and staff members were engaged in improvements planned and in the running of the service. There was a culture of learning from best practice, and working with other professionals and local health providers to ensure partnership working resulted in good outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Ersham House Nursing Home was not consistently safe. Although they were meeting the legal requirements that were previously in breach, practices need time to be developed and embedded, to ensure consistent safe care.

Risks to people, staff and others had been assessed and recorded. However, improvements were needed to ensure food and fluid charts were accurately completed and all risk to people's health appropriately mitigated.

There was a sufficient number of staff to ensure that people's needs were consistently met.

People felt safe and were protected from the risk of potential harm and abuse.

Lessons were learned when things went wrong and accidents and incidents were investigated with learning fed back to staff.

Requires Improvement 

Is the service effective?

Ersham House Nursing Home was not consistently effective. Whilst meeting the legal requirements that were previously in breach further time was needed to ensure all staff had received the necessary training to meet people's needs.

Staff members worked effectively with other agencies and organisations to ensure the care people received was effective.

People were supported to remain as healthy as possible and had access to healthcare professionals.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice.

People were supported to eat and drink enough to maintain good health.

Requires Improvement 

Is the service caring?

Good 

Ersham House Nursing Home was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them.

People were treated with respect and dignity. Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Requires Improvement 

Ersham House Nursing Home was not consistently responsive. Whilst meeting the legal requirements that were previously in breach there were area that required further development and embedding into everyday care delivery.

Not all care plans had guidance for staff to follow if a persons health needs change or if they were in need of end of life care.

People received personalised care and were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

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Is the service well-led?

Requires Improvement 

Ersham House Nursing Home was not consistently well-led.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people. However, we need to evidence that this has been sustained over time and when more people are admitted to the service.

The views of people and others were actively sought and acted on. Staff felt empowered and supported to be involved in the running of the home and making suggestions for change.

The service continuously learned and improved and staff were

given opportunity to progress. The service worked effectively in partnership with other agencies.

Ersham House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 19 April 2018 and was unannounced. Three inspectors and an Expert by Experience carried out the inspection. 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 did not ask the provider to complete a Provider Information Return (PIR) before this inspection because this inspection was to follow up on enforcement action. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the action plan provided by the provider and at the supporting documentation also provided. We looked at the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local safeguarding and commissioning teams for feedback before the inspection.

We spoke with the provider, the manager, deputy manager, two nurses, six members of care staff and the agency cook. We looked at six people's support plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection, we spent time with the people using the service. We observed how people were supported and the activities they were engaged in. Some people were unable to tell us about their experiences of care. 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 asked the registered manager to send additional information after the inspection visit, including staff and resident meetings, heads of department meetings, and people's weight records. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured that enough suitably trained staff were deployed to meet people's needs. We had also found that medicines were not consistently managed safely.

At this inspection we found improvements had been made and that they now met the previous legal breaches. However, there was still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

People told us they felt safe living at Ersham House Nursing Home. One person told us, "I feel safe enough here, they look after us well." Another person said, "I think the staff are very good, they make sure we are safe." A visitor said, "I have no doubt my mother is safe, they ensure everything is done properly."

At the last inspection we found risks associated with pressure damage were unsafe and placed people at risk of further skin breakdown. This inspection found in the main people were being protected against risks and action had been taken to prevent potential harm. Risk assessments were effective in mitigating any potential hazards. However, we found that people who needed staff to regularly move them to prevent skin damage had no documentation to evidence that this was being done consistently. This was an area that required further improvement.

People who required support to manage risks around their weight were supported appropriately. People who had lost weight had been referred to the dietician for their advice and support. We saw that the manager had an oversight of people's weights and analysed weights weekly and monthly for those people identified as at risk. Everyone had had a Malnutrition Universal Screening Tool (MUST) completed. MUST is a tool that identifies adults who are underweight and at risk of malnutrition, as well as those who are obese. Although food and fluid charts were being used for those identified at risk, there was still a need for food and fluid charts to be improved as inconsistencies in their completion were found. Some charts were not completed in full or totalled to evidence whether the target amount was being met.

There was emergency equipment for medical emergencies that included suction machines and syringe drivers. However, there was no evidence that these devices were serviced and ready for use and therefore were not safe for use. This was addressed by the end of the inspection day.

Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. Equipment used to minimise the risk of skin damage such as pressure relieving mattresses and cushions were checked twice daily by staff to ensure they were on the correct setting for the individual. We found all were correct and working. Wound care records had been developed to ensure that all wounds and injuries were fully documented and supported by clear documentation.

Falls were managed safely. For each person there was a falls assessment that used a nationally recognised model to record falls in terms of day, time and location. People's falls were analysed to determine any patterns and action taken to prevent a reoccurrence. As a result of the analysis the management team had increased staff presence in the communal areas. These actions were confirmed by care staff to have been followed through in practice. We also reviewed examples of appropriate referrals to the falls clinic and to GPs for investigation of suspected medical conditions.

Risk assessments were completed to reduce hazards around manual handling, Control of Substances Hazardous to Health (COSHH) and food safety. The fire risk assessment was effective and up to date. Fire drills were happening and records showed that this included night time drills when staffing levels were lower. Staff were aware that each person had a personal emergency evacuation plan (PEEP) for the risk level associated with evacuating people safely in the event of a fire. A PEEP gives details of the support each person would need to leave the service in the event of an emergency such as a fire.

People were kept safe against the risk of infections by the prevention and control of infection hazards. The manager had completed an infection control audit every three months and there had been no outbreaks of infection in over a year. There was an outbreak management plan in place to coordinate response to infectious outbreaks and this had been signed by all staff to indicate they had read and understood the contents. The plan signposted staff to report any concerns to Health Protection England in order to keep people safe and to manage and respond to infections appropriately. There were effective cleaning rotas in place and housekeeping staff had kept the service clean and free from malodour. In bedrooms, communal toilets and bathrooms there was suitable provision for hand washing including dispensable soap and paper towels. Staff were seen to be using and disposing of personal protective equipment in the correct way. People were seen to be wearing clean clothes and were clean in their person.

Lessons had been learned when things went wrong in the service. Any accidents or incidents had been recorded, investigated and tracked by the management team. Any learning had been shared initially with staff at the handover meetings and followed up at staff meetings and supervisions. For example medicine errors identified by internal audits were reported openly, investigated thoroughly and action taken promptly. Learning from these incidents had resulted in a protected time for giving medicines where the nurse giving medicines to people was not interrupted or asked to do other tasks. The manager told us, "When we have identified issues and we have staff meetings with nurses and senior carers and asked if they have any ideas of how to improve. One of the ideas was to ensure the nurse was not interrupted."

Medicines were managed, stored and administered safely. People's medicines were securely stored in a clinical room and they were administered by registered nurses who had received appropriate training and updates to ensure competency. We observed two separate medicine administration times and saw medicines were given safely to people and staff signed the medicine administration records (MAR) after administration. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. There were systems to check that staff were following best practice in the management of medicines, including a document that staff signed after medicines were administered and when shifts changed. When necessary, medicine errors had been reported to the local authority and the management team had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt. Controlled drugs (CD's) were kept in a locked cabinet in the locked medical room and the CD book had been audited accurately. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

People who were prescribed as required medicines received them safely and risks associated with them had been managed well. There was clear advice on how to support people to take their medicines including 'as required' medicines, such as paracetamol. They gave clear guidance to guide staff in monitoring pain and in how to recognise pain symptoms; staff used a recognised pain chart and we saw that staff monitored the effectiveness of 'as required' medicines for symptom control.

There were 16 people living at Ersham House and the staffing levels were sufficient to keep people safe and deliver consistent care. Care was provided by appropriately trained staff. The manager and deputy manager were supernumery to staffing levels and worked Monday to Friday between the hours of 9 am to 5 pm. There was registered nurse (RN) and five care staff in the morning and in the afternoon there were four care staff and a second nurse who was an enrolled nurse. The provider used a dependency tool that considered the support people required around their personal care, eating, moving, risk, continence and social interventions. People told us that they felt that there were enough staff to meet their needs, one person said, "Oh yes, plenty of staff, never have to wait," and "I would say there are enough staff, no complaints from me." A visitor said, "I think they are really trying to put things right, staffing seem plentiful." Feedback from staff at this time was positive after staffing levels. One staff member said, "We have enough staff, it's easier because we are less than half full." Another said, "Enough staff, we do use agency staff but I know we are looking for permanent staff."

Due to the fact they were only 16 people currently at the home, only the ground floor of the service was being used by people. This had made it easier to monitor call bells and consider the deployment of staff at this time. Call bells were answered within a five minute time frame. Throughout the inspection we saw staff were able to spend time with people in the communal areas, either sitting with people on a one to one basis or joining in the activities. People were consistently supervised when in communal areas. This had ensured that the staffing numbers and the deployment of staff met peoples' needs in a safe way.

The manager told us that they were still recruiting to staff vacancies. At present they only had four full time RNs which meant that agency nurses were regularly used to cover sickness and annual leave, the agency staff were familiar with the home and people and provided continuity of care.

Safe recruitment processes had been followed and recruitment systems were robust. We checked the recruitment files for four members of staff. In each case thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The registered provider had consistently tracked the employment history of each newly recruited person to maintain the safety of the recruitment process. References had been taken up before staff members were appointed and were obtained from the most recent employer where possible. Documentation confirmed that nurses had current registrations with the Nursing and Midwifery Council (NMC).

People were protected from abuse by staff who had been trained in safeguarding adults and understood their role in keeping people safe. Safeguarding alerts had been made appropriately to the local authority. There had been 16 safeguarding referrals made in the 12 months preceding our inspection. The manager had been pro-active and referred some incidents that did not meet the threshold for safeguarding. Each referral made had been tracked by the manager to record key details such as the type of incident and whether the allegation had been substantiated. The local authority safeguarding adults policy and protocol was available to staff and the registered provider had a safeguarding adults policy that was up to date and contained relevant information. There were posters and information sheets displayed within the service for

relatives, visitors and people. During this inspection we did not observe any inappropriate restrictions being used to support people who lived with dementia. Staff supported people who became restless and anxious, with positive behaviour support techniques.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At that inspection we found breaches of the legal requirements. This was because the principles of the Mental Capacity Act (MCA) were not consistently applied in practice, and specific health care needs were not being met.

At this inspection we found improvements had been made and that they now met the previous legal breaches. However, there was still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

Since the last inspection staff training had been progressed in key areas in order to carry out their role. There had been issues with staff attending training last year but this had been identified and discussed at staff meetings and individual staff supervisions. There were still some gaps noted on the training programme. For example one RN who worked nights had not completed moving and handling training since July 2016. We also identified that only one staff member had received training in COSHH. COSHH stands for 'Control of Substances Hazardous to Health' and under the Control of Substances Hazardous to Health Regulations 2002, which employers need to either prevent or reduce peoples, staff and visitors ' exposure to substances that are hazardous to their health. We also noted that specific training for RN's to meet peoples individual needs whilst planned and discussed had not yet been undertaken by all RNs. For example only two of seven staff had attended skin integrity and nutrition and hydration training and one of seven staff had attended end of life care. The manager confirmed that they were continuing to focus on the training programme and considering what training was required to ensure staff had the necessary skills and abilities to provide effective care. We have discussed the associated risks of this within the "Responsive" and 'Well-led' section of this report.. This is an area that requires improvement.

The manager discussed the introduction of champions in the near future for infection control, medicines and tissue viability which would be beneficial to consistently drive improvement. For example, the champions would take responsibility for spot checks and undertake audits on their speciality. There was a clear emphasis on improving staff knowledge and competencies. The manager showed us staff information boards which related to Diabetes and Nutrition and Hydration 2018. There was a training board in staff room with dates and assignments for COSHH, falls prevention, moving and handling and wound care.

Staff received regular supervision. Supervision included an opportunity to discuss training, development opportunities, and review practice. Staff told us they felt supported by the management team and they felt confident to approach them to discuss concerns.

At our previous inspection improvements were required to the documentation for recording mental capacity assessments, to ensure that they follow the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found that action had been taken and the principles of the MCA had been adhered to.

The 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. During the inspection we heard staff ask people for their consent and agreement to care. For example, we heard the registered nurse say, "Are you ready for your medicine now, and have you any discomfort." Care staff asked people, "Shall I help you to the bathroom," and "Would you like another cup of tea." Staff were able to tell us that they knew people's mental capacity can change quickly and so it was always important to approach people and ask for their consent. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. People were being asked their consent via consent forms in care plans for issues such as sharing of information with other health professionals. Where people could not consent mental capacity assessments and best interest decision meetings were carried out. One person at risk of falling out of bed and who could not consent to bed rails had had a MCA assessment and the person was found to lack capacity around this decision. A best interest meeting was held with medical professionals and family members. All parties agreed that it was in the person's best interest to have bed rails and this decision was reviewed monthly. People had been referred to the local DoLS office appropriately.

People told us their health was monitored and when required external health care professionals were involved to make sure they remained as healthy as possible. People's health needs were supported by the local GP surgeries. The community diabetic team was involved when necessary for those who needed it and advice sought when required. One person told us, "I have seen the nurse and the doctor regularly, nothings too much trouble." Another said, "The doctor is called as soon as I need." Where required, people were referred to external healthcare professionals; this included the dietician, tissue viability team and the older people mental health team. People were regularly asked about their health and services such as the chiropodist, optician and dentist were offered. Visiting healthcare professionals told us people were referred to them appropriately. One health professional said, "They respond quickly when a health problem is noted and work well with us." Another health professional said, "They ask for advice and follow our instructions." Care plans demonstrated that a wide range of professionals were involved in people's care.

People's needs were assessed prior to going to live at Ersham House and their care was planned to ensure their needs were met. There was good use of nationally recognised assessment and management tools, which included for pressure wounds, malnutrition, pain management and wound care. The care plans were seen to have been reviewed at least monthly and daily notes were detailed and signed by the responsible care giver. In each person's file there was a section that gave background information such as their current family members and their contact details, their past occupations, where they lived and their present interests. There was also information about their preferences for the gender of care staff to attend them. Although we could not find information about protected characteristics, the manager described how issues such as ethnicity and sexual lifestyle choices were assessed when they came to live at Ersham House.

People had been supported to eat and drink enough to maintain a balanced diet and good health. People at risk of malnutrition or dehydration had their food and fluid intake monitored with food and fluid charts. As previously identified fluid charts were not always a true reflection of what had been drunk. At mealtimes we observed that food was presented well and people were shown examples of each meal plated up to help them choose between the two main options for the first course. There was a dessert prepared by the kitchen and the choice of ice cream if people preferred. Trays were seen to be taken to people dining in their

bedrooms and these were covered with plate protectors and the trays were neatly laid out to encourage people to eat. We observed that people in their bedrooms who required support to eat their meals were supported well and without delay. People with complex needs in relation to their eating and drinking had these identified and managed well. There were assessments completed to reduce the risk of choking and dietary supplements, fluid thickeners, and fortifications were seen to be in use. The food for people who required a pureed diet was seen to be of the required consistency and staff assisted them in a competent way.

Staff worked together to ensure that people received consistent and person-centred support when they moved from or were referred to the service. Pre-admission assessments were previously conducted at people's homes, but the registered manager preferred to now invite people to come to the service so they got a more accurate assessment and observed what the person was like outside their usual environment. If people were transferred to hospital, the person was sent with all their medicines. There was transfer documentation which held information such as allergies, medical history, capacity, mobility, any injuries, what jewellery people may be wearing, if they had epilepsy, their current weight, and whether the person was prescribed warfarin. The manager would ensure that the next of kin was contacted to inform them and also ensure that medicines charts and any instructions on resuscitation were sent. When accepting new people to the service the manager would ensure a discharge summary was sent from the hospital or care setting and check medicines had been returned and any changes were reflected in paperwork.

People's needs were met by the adaptation, design and decoration of the premises. The service was well decorated, with good lighting and wide corridors. People chose the lay out of their own rooms. Communal rooms had televisions and used them for exercise classes and playing music. During the inspection staff were singing along to the songs with people. Lighting in the service was well thought out and had been adapted to make it easier for people to walk around corridors at night time. The garden was accessible to people in wheelchairs. We observed people sitting in the garden and enjoying the good weather.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At that inspection we found a breach of the legal requirements. This was because the provider had not ensured that people were consistently shown dignity and respect by staff. At this inspection we found improvements had been made and they now met the previous legal breach of regulation.

We observed caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. Staff were respectful in their approach to ensure people were not distressed or worried by having an inspector in their homes. The inspector was introduced to people and to staff.

People were treated with kindness and respect and as individuals. It was clear from our observations that staff knew people well. Staff made eye to eye contact as they spoke quietly with people; they used their preferred names and took time to listen to them. Staff knocked on people's bedroom doors before they entered, saying, "Good morning (name) would you like me to help you?" and, "Shall I take you to the lounge?"

People's privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. When staff assisted people to move using an electrical hoist in communal areas they ensured their modesty was protected and they were moved respectfully. Staff told them what was happening and explained what they were doing. Staff told us, "People need a lot of support with their personal care and we keep in mind at all times that some things are very private." This showed staff understood the importance of privacy and dignity when providing support and care.

People told us they were treated with respect and dignity. The interactions we saw confirmed this. The home had a relaxed atmosphere and staff were not rushing care or interactions. People responded positively when staff approached them in a kind and respectful way. People nodded and smiled when asked if staff were kind and caring. Relatives felt staff offered the care and support people needed and wanted. One relative thought the staff were, "Kind and patient" and, "Always polite." One person told us staff didn't try and rush them to get everything done. One staff member said, "The staff team is really focussed on caring, we have all learnt from the past experiences and really want to do our best, our residents deserve the best."

People's equality and diversity needs were respected and staff were aware of what was important to people. People were encouraged to be themselves. One person said, "I know that I can express myself and staff will support me." Another person liked to look smart and told us staff ensured that their clothes were clean and pressed, we were also told, "I like to wear make-up especially if I am going out, I can't do it myself but staff help me."

Staff told us how each person preferred to communicate and shared important information with us so we

could talk to people without causing distress. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. For example, one person was unable to speak but could interact with their eyes and gestures.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "The staff have a great sense of humour, and I think they are all lovely."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support. Throughout the inspection process we saw staff offer choices of drinks, food and where they sat and what activity they wanted to join. People confirmed that staff always asked them what they wanted to eat and drink. One person said, "Lots of choices of food and never just given something I don't want."

People were supported to express their views and be involved in decisions around their care. There were regular 'residents and relatives' and staff meetings. We reviewed the minutes of two meetings and several different areas concerning the service had been discussed openly with people and staff free to make suggestions and requests. For example, changes to menus were discussed as well as equipment staff felt would benefit people. These issues had been swiftly addressed by the provider and the cook.

Staff recognised when they needed to support people, particularly when they were displaying signs of distress. One person became distressed and staff were with them immediately. They spoke quietly to the person and knew why the person sometimes got upset. Staff found that if they sat with the person and talked about their family then they calmed down.

Guidance produced by Age UK advises on the importance pets bring to older people and the management team continued to recognise this. People enjoyed the pet visitors and looked forward to their visit.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal care records were stored in locked cabinets. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. At the end of each shift, staff handed back their daily handover sheet, this minimised the risk of staff taking home the daily handover sheet.

Most people had relatives and friends involved in their care. Some had a solicitor involved and there were suitable arrangements to comply with lasting power of attorney's (LPA's) as this provision was recorded on the people's preadmission assessments and care plans. The management team were aware of who had an LPA provision and the detail of this in terms of whether it related to finance and/or health and welfare. None of the people living at the service had an advocate but there was information displayed about advocacy services and the management team knew about how to access advocacy services. People were encouraged to maintain relationships with their family and friends.

Information was explained to people in practical terms using objects of reference if necessary and delivered at a pace that was appropriate for their individual abilities to manage it. We saw staff use different techniques with different people to ensure that they understood. One staff member told us they sat and wrote things down for one person as they sometimes forgot what had been discussed. We were told that

they would use large print for people with a sight impairment and flash cards (pictures) for those that could no longer read printed words.

There was a religious service held in the home each month and there was evidence in the pre-admission assessment to show that spiritual needs were considered at that point. There was also other evidence in the pre-admission assessment to show that Equality Diversity and Human Rights (EDHR) and issues around people's sexuality were identified. There was an EDHR policy and procedure and care staff confirmed that the subject was included in their induction training and training programme.

People's relatives and visitors were able to freely visit the service and were encouraged to spend time with people including at mealtimes. One visitor said, "I am welcomed at anytime, that helps us as a family."

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At that inspection we found a breach of the legal requirements. This was because there was a lack of person-centred care planning and lack of adequate activities to meet people's individual needs. At this inspection we found improvements had been made and the provider had now met the previous legal breaches. However, further time was needed to ensure people's individual health needs were consistently met and that staff received further training and support in providing and understanding end of life care.

Managers and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had chosen not to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. However, one person who we were told was receiving end of life care did not have an end of life care plan that demonstrated how staff were delivering this important aspect of care, such as pain relief and mouth care. There was also no information for staff to use to identify and determine when the individual person was actually at the end of life stage, for example, drowsy, unresponsive, pain or distress. There was also some confusion from staff over whether the person could eat and drink. One staff member said they had been told that the person was end of life and therefore was not eating or drinking as this was ordered by the GP. However, the person was sitting up in a chair and in the garden with other people who were having lunch. This was discussed with staff and the person was offered a meal and we were informed that they had also been offered yogurts. Following discussion with the management team advice would be immediately sought to ensure that directives from health professionals were understood and clearly written for all staff. The training programme identified that only one RN had received end of life care in 2016 and one health care assistant had received training in 2014. To ensure people received individualised end of life care, staff need to undertake training as a priority. This was an area that requires improvement.

Care plans looked at the people's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. However, not all reflected how different health illnesses could impact on other health needs. For example, one person who lived with diabetes had guidance within their care plan of how to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar level. However, the person had complex needs that affected their diabetes and raised their blood sugars to above 20 mmols which is high and this was not clearly documented or understood by senior staff. There was no information of what action should be taken. We were told a RN had spoken to the GP but this was not recorded. This was referred to the GP immediately for advice and clarification of what blood sugar levels were safe and what action should be taken. A recent infection had impacted on this person's health but this was not reflected in the care documentation. However, risk to the person's health was mitigated immediately and documentation put in place for all staff to read.

We recommend that the registered provider seeks specialist training in diabetic care to support staff in providing responsive care.

People were involved in developing their care, support and treatment plans as much as they wished to. A senior member of staff said, "Not everyone is interested in being involved but we do involve them as much as possible, families are involved as well." One person said, "Yes I do know about my care plan, I get asked regularly if I'm happy with my care, if my tablets change they tell me and explain why." Another person told us, "They came to see me before I moved in, at the hospital. We talked about how I felt about moving in to the home and what support I wanted."

Staff provided care that was suited to people's individual needs and preferences. People's needs had been assessed before they moved into the home and staff had reviewed this information and updated it with the help of relatives, friends and representatives. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

The provider employed two dedicated activity coordinators who had developed a programme of activities that suited the people who lived at Ersham House. Activities were provided seven days a week 10:30 am until 4 pm. The activities were varied and included exercises, crazy cooking, news round, quiz sessions, music and craft sessions. The activity co-ordinators were committed to providing activities that were enjoyed and they kept records so they could analyse the benefits and change if not enjoyed. People were invited to afternoon tea and were supported to enjoy an alcoholic beverage should they wish to partake. Praise and encouragement was done in a respectful manner and people were relaxed and enjoying the activities throughout the inspection process. This showed that staff were committed to improving people's lives by ensuring that they were not isolated either in their room or in the communal areas. One to one sessions for those who remained on bedrest or in their room were provided daily between the hours of 1 pm and 2 pm.

There was good interaction seen from staff as they supported people with activities throughout the home. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "We have worked so hard and it's a pleasure to come to work."

Regular staff and resident/family meetings were held, times of meetings were displayed and details of suggestions and discussion points were recorded and actioned. For example, meal choices. The minutes of meetings were shared with people and families and displayed in the home.

The staff team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people at Ersham House. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People with sight impairments were supported by good lighting and the provision of large print documents. Staff also said they could provide information on tape so people listen to the information if they chose to.

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us,

"Yes I know how to make a complaint." Another person said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to in the organisational policy. A complaints log was kept and monitored by the manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

When compliments and thank you cards had been received these were shared with staff at meetings and showed staff they were appreciated.

Satisfaction surveys had been sent out regularly in respect of getting feedback on the service. These were collated and the survey outcomes shared with people families and staff. The actions to be taken were also shared. One visitor said, "I have been asked to give feedback - I give feedback all the time."

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in August 2017. At that inspection we found a breach of the legal requirements. This was because the systems for monitoring quality were not effective.

This inspection found that improvements had been made, However, there were still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

This inspection found that there was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were ongoing such as care documentation and development of person centred care. The manager said it was an area that they wanted to continuously improve. All care plans were up to date and the majority were reflective of people's needs. We have identified areas for improvement in ensuring that peoples' specific health needs in the responsive question. This inspection found gaps in staff training. This had been identified by the manager in November 2017, and steps taken to ensure staff attended training but this was not yet fully resolved and further time was needed to fulfil training shortfalls.

A registered manager was not in post and the registered manager left the service at the end of October 2016. A previous acting manager had been in post from October 2016 to April 2017. The service had been without a registered manager for eighteen months. The current manager took over in May 2017 and had been in post 11 months at the time of the inspection. They have submitted an application to become the registered manager. We have received confirmation that an interview had been organised for June 2018.

During our inspection we had noted a significant improvement in the governance of the service and we discussed sustainability of quality systems with the manager and provider. The manager told us, "Changes need to be made in a sustainable way. We have looked at ways to encourage staff to attend training sessions and it is improving." We discussed the staffing levels and whether increasing the occupancy rate in the service would lead to a drop in quality and were told by the provider, "We staff the home safely and we will not admit people until we are ready and as occupancy levels increase staffing levels will also increase. We don't want this situation to happen again. We are committed to improving and providing good care."

The manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we had an awareness and oversight of these to ensure that appropriate actions had been taken. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The manager confirmed that all incidents that had met the threshold for Duty of Candour had been reported to people's relatives.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about a service can be

informed of our judgements. The provider had displayed the rating conspicuously in the service and on the website.

Everyone knew the manager and referred to her when describing their experiences of life at Ersham House. One person said, "The manager is always around the place, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice place to work in." We asked staff what they would change if they could, all said, "Nothing," and "I really can't think of anything, except perhaps a bigger dining room and easier access to the garden."

The manager told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Ersham House to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input."

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved." The manager described the culture in the service as, "Providing a home, we encourage when it is appropriate for staff to sit chat and have a cup of tea with people." The manager had introduced a culture change in the service and had challenged staff on a number of areas such as sickness and attendance at training. The management team had used performance management and the disciplinary procedure to change staff attitude as well as extra supervisions and listening more to staff.

The manager understood their responsibilities and was well supported by the provider and the senior management team. The provider had made available appropriate resources to drive improvement. The manager was given support with recruitment and the provider was continuously advertising for staff through recruitment services. The staff team understood their responsibilities and what was expected of them. The manager commented, "The staff team is getting stronger and working really hard." A staff member said, "We are a team are good now."

People, their families and staff members were involved in the service and regular feedback was sought through meetings and questionnaires. The registered provider had sent out quality questionnaires to people, their relatives and to staff and the feedback was used to improve the service. Staff reported feeling positive about the service. Staff were actively involved in running the service and were encouraged to suggest new ways of working. Staff meetings had resulted in suggestions, such as organising trips out, introducing new activities and menus and equipment. The service had developed links with the local community and were hoping to develop these further; such as with the nearby gardening centre.

Staff were supported to question their and others' practice and any staff that raised concerns were supported and protected. The whistle blowing policy was on display in several places around the service. One staff member had reported an issue via whistle blowing and the providers' procedure was followed and the matter investigated fully and transparently.

The service was continuously learning and improving and the learning was shared with staff members. Information from incidents, investigations and complaints were used by the manager to improve learning and to drive up quality. We reviewed several incidents with the manager and discussed how learning had been identified, shared with staff and improved services. Information technology systems were used to effectively monitor and improve the quality of care. For

example, call bell logs were audited by the manager to identify any calls that were not answered within four minutes. Where these longer response times had been noted staff involved had been asked to debrief with the manager to find out what caused the delay and to let staff know their response times were being monitored.

The manager had developed a good working relationship with the local services and was working effectively in partnership with key organisations. The manager described a close working relationship with the local authority safeguarding adults team and told us that they had received good support and advice from the team. Relationships with local GP surgeries were now positive and staff at the service were communicating well and reporting concerns appropriately. There were links to local health teams such as physiotherapy, occupational therapy and dieticians. The service had been sharing appropriate information and assessments with other relevant agencies. The manager and provider were aware of the changes to data protection coming in to force and there was a strategy in place to ensure compliance with the changes.