

Elsenham House Limited

Elsenham 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elsenham House Nursing Home is a care home, providing personal and nursing care for up to 36 people living with complex mental health conditions and or learning disabilities and autism. At the time of the inspection, 22 people were receiving care. Elsenham House consists of five houses, in two blocks.

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

People were not always being protected from risk of harm, particularly in relation to the protection of their skin, nutritional intake and access to certain risk items within the care environment. We identified examples of incidents that had not been reported to the local authority safeguarding team or to CQC to ensure people's safety was being maintained.

People gave positive feedback about the care they received, the support provided by staff and told us that the quality and choice of the food had improved. However, one person did tell us that they did not always feel safe living at the service.

We sourced assurances from the registered manager that there were sufficient numbers of staff on shift during the day and overnight to meet people's individual risks and needs. Most people told us they were able to access staff support when needed. One person told us there were less staff available during meal times.

Rating at last inspection (and update)

Elsenham House Nursing Home was last inspected on the 21 February 2019, the report was published 25 April 2019. As an outcome of this inspection, the service was rated as Requires Improvement. With breaches of Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of CQC Registration Regulations (2009).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We received concerns in relation to the management of risks relating to people and the care environment during the Covid-19 pandemic period. We met with the provider and local authority quality assurance team during the pandemic period to seek assurances from the provider that the required level of improvement would be made. The decision was made to undertake a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service

has remained Requires Improvement. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance and notifying CQC of incidents at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Elsenham House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Consisted of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission who is also the provider and nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders, including local health and social care services before the inspection site visit. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and observed care and support provided in communal areas. We spoke with three nurses and two care staff. We looked at two people's care and support records and four people's medicine records, as well as a sample of medicines. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We requested provision of additional information that was sent to us after the inspection visit.

After the inspection

We completed a telephone interview with the registered manager, and provided inspection feedback after the site visit, as part of the inspection process. We liaised with the local health and social care services.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last two inspections we found the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 12.

- Due to assessed risks, some people living at the service required their food and fluid intake to be monitored. We identified considerable gaps in the recording of food and fluid records. The quality of information recorded would not enable staff to confidently assess if people had eaten and drunk enough across a 24-hour period.
- Staff were not recording where snacks had been given in addition to meals to supplement poor food intake, or aid weight gain.
- One person was assessed to be at risk of further weight loss and receiving prescribed build up drinks. Their care records stated they were to be weighed every two weeks. The records demonstrated they were not weighed every two weeks, and we identified gaps of between four and nine week intervals between being weighed. This did not ensure risks associated with this person's weight loss were being closely monitored.
- One person was assessed to be at very high risk of developing skin ulcers. Their care records stated they were to be repositioned in bed every two hours. We identified on multiple occasions the person was not being repositioned in line with their care records and found time intervals of between four and seven hours. This placed the person at significant risk of experiencing further deterioration in the condition of their skin and staff were not following the recommendations in place to maintain the person's safety.
- For the same person, we found an entry on their repositioning chart that stated due to staff being on training, and a new member of staff being on shift, the person had not been repositioned. Concerns regarding the risks associated with this poor practice were discussed with the registered manager.
- We identified areas of the service where cleaning chemicals were accessible to people living at the service. Items were found in communal bathrooms, which could be used without staff supervision. Whilst the registered manager was clear that no person living at the service was assessed to be at risk of self-harm, this contradicted evidence in a staff meeting and clinical governance review minutes from August 2020, which stated, "Staff must not leave chemicals out, we have a number of service users who may ingest these and cause themselves harm or even death. Please if you see chemicals out lock them away don't leave them. If you are cleaning do not let your chemicals out of your sight. Lock away all chemicals in the COSHH [Control of Substances Hazardous to Health]."

Risks relating to the health and welfare of people were not always assessed and managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager provided assurances that each person had a personal emergency evacuation plan in place, in the event of an incident such as a fire. Where people were assessed to be at potential risk of smoking in their bedrooms, additional safety checks were in place, and measures such as use of fire retardant bedding. We saw an example of an individualised risk assessment was in place relating to a person's risk history relating to fire safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections; with systems and checks in place when visitors arrived at the service.
- We were assured that the provider was meeting shielding and social distancing rules; support and education was being given to people to encourage compliance. Changes had been made to the care environment to aid social distancing.
- We were assured that the provider was admitting people safely to the service, plans were now in place to ensure people were isolating on admission or re-admission to the service.
- We were assured that the provider was using PPE effectively and safely, staff were observed to wear PPE correctly throughout our site visit.
- We were not assured that the provider was accessing testing for people using the service and staff, at the time of the inspection, this was not being completed for the whole home, instead for those people assessed to be at risk of not complying fully with government guidelines, this is confirmed in the staff and clinical governance review meeting minutes for August 2020. Following our inspection site visit, all people and staff at the service were tested.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises, the service's infection prevention and control policies did not set out frequency of cleaning touch points and high use areas of the service such as communal facilities. Their policy also did not stipulate what anti-viral cleaning products should be used.
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed; as not all guidance for staff was up to date or accessible for them to follow in the absence of the registered manager being on site.
- We were not assured that the provider's infection prevention and control policy was up to date.

The governance arrangements relating to infection, prevention and control and management of outbreaks needed to be continually reviewed and updated to reflect changes in government guidance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

- We gave the provider feedback on the areas of their infection control policy, covid-19 risk assessment and their business continuity plan requiring further development or updating, to ensure they were working in line with current government guidance.
- The service was receiving regular support and information updates from the local authority quality assurance team.

Systems and processes to safeguard people from the risk of abuse

- Governance documents showed a person had been placed at significant risk of the condition of their skin

deteriorating, due to poor compliance with personal care routines. The meeting minutes stated staff were "neglecting people's basic care and support," but the registered manager had not referred this incident to the local authority safeguarding team, as required.

- Most people told us they felt safe living at the service. However, one person told us that they were spending time away from the communal lounge in the main house, due to previous incidents which had made them feel unsafe. They told us by spending time in another house they could watch television on their own, and they felt safe and secure doing so.
- People consistently told us they felt able to speak with staff or the management team if they were worried about anything or wanted to seek reassurance.

Staffing and recruitment

- We sourced assurances from the registered manager that one nurse and two care staff on shift at night time was sufficient to meet people's needs and assessed risks. The registered manager confirmed staffing levels were regularly reviewed against the dependency scores for the service, and additional support was available when needed from their out of hours on call system.
- People told us there tended to be enough staff available to support them as required. One person told us there were less staff available during meal times, but they recognised this was due to some people needing extra support to eat safely.
- Procedures were in place to ensure checks were completed of any newly appointed staff to ensure they were suitable to work with people in a care setting.
- Staff gave positive feedback about working at the service, and the role they played in supporting people to make progress and lead more independent lives.

Using medicines safely

- The nurses told us they were in the process of reviewing people's as required (PRN) medicine protocols to ensure these were person-centred, and looked at alternative approaches to be tried before use of PRN medicines, such as de-escalation and distraction with alternative activities.
- The nurses were due to meet to review the homely remedy medicine management policy and recent findings from medicine audits, to develop a collaborative action plan to improve consistency of approach and reduce reoccurring errors being identified from the audits.
- Records showed people were being given their medicines as prescribed. Medicines administration rounds were conducted at regular times each day. The routine was altered to meet peoples' individual needs and wishes. Staff were knowledgeable about the individual needs of the people under their care and were kind and caring in their manner whilst giving medicines.
- Nurses had their competencies checked annually, and medicine management training to ensure they had the required skills to give people their medicines safely.
- Where people had been identified as being able to manage aspects of their medicine routine independently, staff encouraged them to do so. For example, one nurse told us they were supporting people with diabetes to complete their own blood glucose monitoring, to encourage greater levels of independence.

Learning lessons when things go wrong

- From reviewing incidents and accidents, and looking at possible trends, we identified the service would benefit from further improvements in exploring options to reduce risks and mitigate reoccurrence. Based on the documentation available, the immediate incident was dealt with by staff, but thought processes and debriefing post incident was not consistently recognised or recorded.
- We identified where punitive language was being used in incident forms, which did not always recognise the impact this approach could have on some of the people living at the service, particularly where people

were living with autism or learning disabilities in addition to mental health support needs. Examples of this included telling a person that as a result of an incident, they could not have a cigarette or access to their shopping delivery. We escalated our concerns regarding this to the registered manager as this raised concern for us in relation to the culture of the service. We asked for the registered manager to address our concerns.

- Following incidents that happened during the pandemic period, and feedback from us and the local authority quality assurance team, the registered manager had introduced more individualised environmental risk assessments, particularly focussing on ligature risks.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection we found the provider had failed to notify CQC of incidents and safeguarding concerns. This was a breach of Regulation 18 of CQC Registration Regulations (2009).

Enough improvement had not been made at this inspection and the provider remained in breach of registration regulation 18.

- We continued to identify examples of incidents which should have been notified to CQC in line with the registered manager's legal responsibility. We also identified examples of where staff had followed poor practice, such as not filling out observation forms correctly to maintain people's safety or not ensuring people had access to call bells to seek assistance when needed.
- We discussed these concerns relating to individual staff performance with the registered manager, who provided assurances that the matters had been dealt with immediately. However, these incidents were not reported externally, and no performance management was put in place to address individual staff performance concerns and shortfalls.

The provider continued not to meet their regulatory responsibilities to notify CQC of incidents at the service. This was a repeat breach of Regulation 18 (notifications) of the Registration regulations.

- Complaints were appropriately managed in line with the service's policies. The registered manager and staff understood their responsibilities under the duty of candour.

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

- The management team and nurses completed a range of quality audits. However, we identified areas of concern, including the quality of recording of people's food, fluid, weight and repositioning, these concerns that had not been identified through the quality checks and audits in place to maintain consistent standards of safe care provision.
- We identified that quality audits for care records did not include checks of food, fluid and repositioning charts. Quality audits and checks had also not identified examples of where punitive language and

approaches had been taken with people. This did not provide us with assurances of the completion of thorough audits or that concerns were being tracked back and investigated.

- Designated staff completed daily walk arounds of the service. These had not identified the safety concerns we found regarding access to cleaning products. Whilst the registered manager was clear that at the time of the inspection, no one was assessed to be at risk of consuming items or using these to self-harm, this did not allow for unpredictable changes in people's risk presentation.
- We identified areas of improvement required in relation to the service's infection, prevention and control, Covid-19 risk assessment and business continuity plans to ensure staff were working in line with current government guidance and clinically best practice.
- From reviewing the service's analysis of trends of incidents and accidents, we identified that not all of the information had been accurately reflected in the trends analysis in relation to the number of falls people were experiencing. This could impact on when onward referrals to the falls service were actioned, or measures implemented by the service to mitigate risks.

Risks relating the service's governance systems and processes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- As an agreed outcome from audits and incidents, the management team had implemented additional checks for the nurses to complete and record on shift handover records. From the records reviewed, this information was not being recorded. We also identified variability in the quality and detail of information being recorded during handover meetings to ensure staff had a full picture of people's needs, risks and presentation within a 24-hour period.
- The service would benefit from greater clinical leadership and stability to continue to drive improvement, and this was something the registered manager recognised and hoped to address. We found the registered manager and the staff team responsive to our feedback and acted on concerns we raised.
- Staff gave positive feedback about the support provided by the registered manager and told us that they were supported to access additional training and professional development opportunities when these were available.

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

- The last survey was completed in 2019. Feedback from people using the service and their relatives had rated the service overall as good based on responses received. However, the rating from health care professionals had been requires improvement. This was discussed with the management team and felt in part to be due to poor response rates to the survey by healthcare professionals.
- There continued to be regular meetings held for people living at the service, along with feedback boxes if people wished to raise concerns anonymously. In response to feedback, the management team continued to use a 'You said, We did' board to keep people updated with actions taken in response to feedback provided.
- People told us they felt listened to, and the service was making improvements in response to their feedback.

Continuous learning and improving care

- With the support of an external consultant, the registered manager and staff had been working hard to try to drive improvement at the service. This could be seen in areas of the care provided. For example, we received positive feedback from people living at the service regarding the standards of food and level of

choice now available. People also told us they had the opportunity to try food from other countries cooked by members of staff.

- From reviewing the service's improvement plan, we could see feedback and information provided by us and the local authority quality assurance team had been incorporated into their plan.

Working in partnership with others

- We received mixed feedback in relation to the levels of support received, and quality of working relationships in place between the service and external stakeholders such as healthcare professionals. The service gave examples of difficulties in relation to people being able to access healthcare services in a timely way to achieve preventative approaches. A lack of timely intervention or response was at times felt to have resulted in unnecessary deteriorations in people's health and wellbeing.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The care provider had not ensured incidents and safeguarding concerns had been notified to CQC and other external stakeholders. Regulation 18 Registration Regulations 2009 (1) (2) (e)

The enforcement action we took:

Impose conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed. Regulation 12 (1) (2) (a) (b) (h)

The enforcement action we took:

Imposed conditions on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The care provider did not always have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls. Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

Imposed conditions on the provider's registration.