

Bestcare Ltd

# Ellesmere House

## Inspection report

Church Hill  
Ellesmere  
Shropshire  
SY12 0HB

Tel: 01691623657

Date of inspection visit:  
24 May 2016

Date of publication:  
20 June 2016

### Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service well-led?	Inspected but not rated
--------------------------	-------------------------

# Summary of findings

## Overall summary

This inspection took place on 24 May 2016 and was unannounced.

Ellesmere House is registered to provide accommodation with personal care to a maximum of 28 people. There were 18 people living at the home on the day of our inspection. Most of the people using the service were living with dementia.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously carried out an unannounced focused inspection of this service on 12 January 2016. A continued breach of legal requirements was found and we issued the provider and registered manager with a warning notice. We told the provider and registered manager they were required to meet the legal requirements by 22 April 2016.

We undertook this focused inspection to check the requirements of the warning notice had been met. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellesmere House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

After our last inspection we asked the registered persons to take action to make improvements to their quality monitoring systems. Although these were in place they were not always used. We also asked them to take action to address issues we had identified at previous inspections. At this inspection we found that improvement had been made in all areas we had identified as a concern. Action was taken immediately when we found a corridor door open when this was meant to be kept shut. People, relatives and staff had been kept informed of recent changes within the home. They were also encouraged to ask questions, raise concerns and make suggestions for improvements. The provider had improved the systems they used to assess and monitor the quality of care and their effectiveness was kept under review.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found the provider had taken action to improve their quality monitoring systems. Checks were completed to assess and monitor the quality of the service provided. People, relatives and staff were kept updated on what happened at the home and had the opportunity to give their opinion on the service and make suggestions for improvement.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Inspected but not rated

# Ellesmere House

## **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.

We undertook an unannounced focused inspection of Ellesmere House on 24 May 2016. This inspection was done to check that improvements to meet legal requirements after our focused inspection on 12 January 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led. This was because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

During our inspection we spoke with three people who lived at the home and one relative. We also spoke with the manager and two care staff. We viewed meeting minutes and records which related to how the service monitored the quality of care provided.

## Is the service well-led?

### Our findings

At our last inspection we found that quality systems the provider had in place were not operated effectively. We also found that issues we had identified at previous inspections had not been addressed. We also were not assured the registered persons were fully aware of progress against their own action plans. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider and registered manager with a warning notice and told them they were required to meet the legal requirements by 22 April 2016. At this inspection we found that improvements had been made.

The home did not have a registered manager in post. The provider had previously notified us that the registered manager had left employment on 8 April 2016. At the time of our inspection the registered manager had not submitted an application to remove their name from our register which means they are still registered with us as a registered person for the home. The provider informed us that an interim manager was in post whilst they appointed a new manager for the home. We will monitor this and have asked the provider to keep us up to date on their recruitment progress.

Improvements had not always been made as a result of our previous inspection findings. The provider and registered manager had previously failed to ensure that all hazardous substances were stored safely. This had meant that people were placed at risk of harm because they were able to access the laundry room where some of these hazardous substances were stored. Since our last inspection the provider had placed a lock on a corridor door which meant people could not access this area of the home. However, on arrival we found this door was open and we were able to walk straight through the home to the laundry room where these hazardous substances were kept. The manager told us the door was only kept open when they were in the office as they could see who walked past and admitted this was not the case on the day of our inspection. The manager took action during our inspection and work was confirmed as completed the following day to remove a magnet on the door. This would ensure the door could not be left open.

We previously had concerns that although quality assurance systems were in place these were not operated effectively. This had meant we were not assured the registered persons monitored the quality of care that was delivered at the home. At this inspection we saw audits were up to date and actions taken where shortfalls had been identified. Records that staff had responsibility for were now completed and this was monitored by the manager. Staff training had been updated and we saw that a recent environmental audit had identified some broken furniture. The provider had replaced this furniture and the audit records confirmed this action was completed. The manager understood their responsibilities to ensure the quality of care was assessed and monitored. They told us they had a schedule of checks they completed on a daily, weekly and monthly basis, such as care plan reviews and environmental checks. The provider visited the home weekly and the results of these checks were discussed and actions that needed to be taken were agreed.

The provider had openly shared information about the concerns we had identified at our last inspection with people, relatives and staff. They told us they were able to give their opinions on the quality of care delivered and had been kept updated on the changes to the management arrangements. They all knew who

the new manager was and told us they found them approachable. One person said, "Yes, I know who [manager's name] is and they are very nice". People and relatives had the opportunity to attend meetings where the provider was present. They were encouraged to raise concerns or give ideas for improvements. The manager told us they also spoke with people individually to keep them updated if they could not attend the meetings. One relative told us that although they had not attended the last meeting they felt they were kept up to date through talking with staff.

Staff told us they found the manager approachable and they were able to speak with them openly about any concerns or issues they had. Staff told us they felt supported by the manager and they took an active role in supporting staff when they needed it.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.