

Elliott House Limited

Elliott House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Elliott 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. At the time of inspection, there were 56 people living at Elliott House.

People's experience of using this service:

- People were not always treated with dignity and respect. Staff referred to people using their room numbers instead of their names. The use of inappropriate language was observed at the last inspection improvements had not been made.
- There were not enough staff to support people safely, especially at mealtimes.
- Risks to people were not always identified and/or effectively mitigated.
- The provider and registered managers did not have a robust system in place to monitor the quality and safety of the service people received.
- People had access to food and hot and cold drinks throughout the day. People told us that they enjoyed the food.
- Staff had the knowledge and training to protect people from abuse.
- Staff received training relevant to their role to meet people's physical needs.
- Sufficient consideration had been given to the environment for people living with dementia.
- People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. However, little consideration had been given to providing meaningful activities for people living with dementia.
- When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians, or if people fell regularly they were referred to a falls clinic. We saw district nurses and the GP visiting the service on inspection.
- When incidents and accidents occurred, they were investigated appropriately and learnt from.
- People had choice over their care and support and their choice and privacy was respected by staff.
- People's wishes for their end of their lives were recorded and respected. The registered managers were developing a leaflet, so this information could be collected when people join the service.
- People were asked for their feedback through questionnaires and resident's meetings and we saw the registered managers had taken action as a result of these findings.

Rating at last inspection:

In March 2018 the provider changed from one relative to another. Therefore, Elliott House Care Home changed legal entity to become Elliott House. However, the registered managers, staff and policies and procedures remained the same.

At the inspection of the predecessor, Elliott House Care Home we rated the service as good in all domains

except effective which was rated requires improvement (Published 6 October 2017).

Why we inspected:

Scheduled inspection based on timescale for unrated services.

Follow up:

We will require the service to send us action plans to demonstrate how they will address the breaches of regulation we found at this inspection. Areas for improvement will also be followed up on the next inspection.

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

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Elliott House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Elliott 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.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give notice for this inspection.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed four people's care plans. We also looked at a variety of different sources of information relating to these people, such as; care and support plans and risk assessments. In addition, we looked at; surveys, staff rotas, training records, three recruitment files, medicine administration records, complaints and accident logs.

During the inspection, we spoke with nine people, four relatives and observed interaction between staff, the registered managers and people. We also spoke with the registered managers', three members of staff and two visiting professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

- There were not enough staff deployed to support people safely. Although the registered managers used a dependency tool to determine how many staff were needed, consideration had not been given to how staff were deployed. This impacted on people's safety and well-being:
- We observed mealtimes in both the main dining room and in the services 'Poppy wing' for those with more advanced dementia. In the main dining room there were enough staff to support people, however there were not enough staff in the Poppy wing to ensure that people were eating and drinking safely. This was especially important as people were at risk of choking and/or malnutrition.
- On the first day of inspection, there were seven people seated in the dining room, with one member of staff to begin with, followed by three other members of staff. On the second day, there were between one and four members of staff supporting nine people. Another member of staff was going between the Poppy Wing and the kitchen to fetch and return the meals and to replace dishes brought out in error. The senior member of staff knew which meal was for which person and they coordinated the carers. However, they then had to go off to administer medicines leaving staff to try to organise themselves and the people they were supporting. Staff did not know people's needs and had to keep asking the senior carer who was administering medicines.
- We raised this with the registered manager who told us that since the last inspection they had added another member of staff to support at mealtime at the Poppy wing, however, it was clear that the extra member of staff had not resolved the issue, and more thought was needed to staff deployment at mealtimes.
- The registered managers were advertising vacancies but told us how hard it was to find staff. A relative commented "Quick-ish turnover of staff." As a result, agency staff were used on a regular basis. Staff told us that they tried to use the same agency staff for consistency and that the current agency staff knew people and the service well.
- Agency staff went through an induction with the registered managers or senior staff before their first shift so that they had knowledge of the premises, key policies and the people they would be supporting.
- Permanent staff were recruited safely. The appropriate checks had been made to ensure staff were safe to work with vulnerable people, including references from previous employers and disclosure barring service (DBS) checks.

Assessing risk, safety monitoring and management:

- Risks to people were not always identified and effectively mitigated.
- People did not always receive effective support at mealtimes to keep them safe: people at risk of choking or malnutrition were not always supported to eat their meals, as staff were busy with other tasks. For example, we observed one person who was at risk of choking at lunch. The person was on a puree diet and

was supported by a member of staff to eat scrambled egg at lunch. However, the person began to cough, and splutter so did not finish their lunch. After lunch we saw the same person still coughing and gurgling in the lounge. The one member of agency staff in the lounge appeared to panic and called out for another member of staff. No one came so they left the person to get another member of staff who commented, "[They] have been like this all morning, [they] need suction." Therefore, the risk of that person choking should have been considered prior to giving the person food. The care staff agreed that they needed to call the doctor. We saw the doctor visit and the person appeared calm and content later in the day. We spoke to the registered manager about this who told us that it may have been our presence that caused the member of staff to panic. They also told us that there was dysphagia training in the coming weeks, that staff including the discussed agency member of staff would be taking part in.

- We discussed with members of staff how they identify any new risks and what action they take. One staff member told us "[I] report any concerns to the seniors and they will do assessments. People struggling to stand up, then assess for the stand aid and then they can use the stand aid if they are having a bad day."

The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong:

- When people fell, referrals were made to the falls clinic and the description and location of their fall was recorded on a site map so that the registered managers could identify any patterns and trends and take appropriate action. For example, they found that one person was consistently falling whilst moving around their bed, so staff changed the layout of the room, so the bed was against the wall and there was more space for the person to move around. They were waiting to see whether the layout change had made a difference to the persons falls.
- The service also carried out a series of checks to ensure that the premises and equipment used was safe. This included; fire doors and fire equipment, fire drills, electrics, gas, water temperatures and legionella.
- Each person had a personal evacuation plan and the service had business continuity plans and emergency plans with guidance for staff.

Using medicines safely

- People's medicines were ordered, stored and administered safely. Medicines rounds were carried out by one senior member of staff, we observed a lunch time medicine round in the main dining room and in the Poppy Wing. In the main dining room, the member of staff had a 'do not disturb' apron on and was going around to speak to people discreetly. However, in the Poppy Wing the senior was also trying to organise and coordinate the carers and there was potential for the member of staff to become distracted.
- Some people used 'as needed' medicines such as cold medicine or pain relief and there was appropriate guidance in place for staff to follow. We saw staff asking people discreetly whether they would like any pain relief. Staff told us for those who it was often difficult to determine whether they were in pain or not, they referred to a pain scale which described signs and symptoms to look out for.
- Medicine checks were carried out daily by staff, and monthly by the registered managers. We saw that any medicine errors were addressed by extra training and meetings with staff in supervisions and meetings.

Preventing and controlling infection

- The premises were clean and free from odour.
- We saw staff wearing protective clothing such as gloves and aprons and staff had a good understanding of infection prevention and control.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had safeguarding training and knew what signs to look out for to indicate abuse and would report any concerns to management or to the CQC, local authority or police via the whistle blowing policy. A member of staff told us, "If I suspect abuse I can report it, nothing will go against me for reporting it. I trust they would be investigated appropriately. If not I would go straight to the owner, or speak to you (CQC)."
- People told us that they felt safe, comments included; "I feel really safe here, they are a good crowd of people" and a relative told us "I think she is much safer here than at home. [She has] 24-hour care."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- At the previous inspection of the service under the previous provider on 30 and 31 August 2017 some areas for improvements were identified. We found that further training with reference to the language staff used was an area for improvement.
- Since the inspection in 2017, the registered managers told us that they had spoken to staff in supervisions and staff meetings and had introduced more training relating to talking to people with dementia. However, we observed staff talking about people using their room numbers instead of their names. The registered managers had not identified how some staff were continuing to use language that was not appropriate.
- The service had introduced training specifically to meet people's needs, such as; catheter training and stoma bag training, which was delivered by the local district nurses and followed up by competency assessments. The speech and language therapy team were also due to deliver training on dysphagia (swallowing problems) and specialist diets.
- New staff completed an induction programme, which included core mandatory training, shadowing and competency assessments before they could work alone with people. Those who were not as confident could continue to shadow experienced staff until they felt ready.
- Staff told us that they felt supported by senior staff and management. Staff had regular supervisions with senior staff where they discussed training needs, development and areas for improvement and had an annual appraisal with the registered managers.

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

- On the first day of inspection there were no table cloths or cutlery on the tables in the poppy wing, nor were there decorations or condiments like in the main lounge. One person asked for salt and pepper and staff gave it to them, but this was then taken away and other people were not offered it. On the second day there were table cloths and decorations, but still no condiments.
- The registered manager told us that the use of condiments in Poppy wing had been assessed. The risk assessment concluded that due to people not always recognising what the condiments were to be used for, it was safer to not put the condiments on the table.
- People had food and fluid charts which the senior reminded staff to complete after meals were taken away.
- People at risk of malnutrition had been prescribed supplement drinks and we saw staff providing people with thickened drinks. However, staff were not encouraging people to drink their supplement drinks.
- One person was sitting by themselves in the dining room and had been waiting for their lunch for over ten minutes. They then cried out because they had not received their food and felt staff were not paying them attention, it was then that the food was brought over to them.

- People told us that they enjoyed their meals, with comments such as, "So far the meals have been very good" and "Food very good indeed."
 - The registered managers told us that people were offered a choice in the mornings and that there was a menu in the dining room for people to look at. We saw the menu displayed on an easel at the front of the dining room and reviewed the menu book that showed that people had been asked what meal they would like including alternatives if they did not like what was offered.
 - However, people we spoke to told us that they did not have a choice of meals but could ask for an alternative if they were unhappy with their choice. One person told us "[We] don't know what we are having for lunch, it is always a surprise," another commented "I think the food is good, no choice but will get you something different if you don't like what is on offer."
 - People had access to cold drinks and tea and coffee throughout the day. When people were unable to prepare hot drinks themselves, these were done in rounds and when they asked for a drink.
 - People who were able to make hot drinks themselves had been assessed and had kettles in their rooms.
- Adapting service, design, decoration to meet people's needs
- Since the last inspection, some redecoration had taken place. The registered managers were in the process of replacing all patterned carpets with plain red carpets; as they were aware that patterned carpets may be confusing for people living with dementia.
 - Following a visit from a dementia charity, overhead signage had also been added to bathrooms and above the dining room. However, the provider understood there was more to be done to make the premises more dementia friendly. For example, bathrooms were decorated in light tones, with no differentiation between objects such as toilet seats, handles and rails and the use of red plates at meal times. This continues to be an area for further improvement.
 - Overall the premises were well decorated and felt homely, with framed pictures and artwork on display throughout the home. People's rooms were also decorated as they wished, people had brought in furniture and ornaments when they moved to the service.

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

- Before people joined the service, the registered managers carried out a pre-assessment with the person, their relatives and any involved professionals. This assessment included information about people, their needs, likes, dislikes and preferences. This information was then used to form a care plan which described how the person wanted to be supported.
- Records showed that care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around cultural or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.
- Staff used best practice tools such as Waterlow assessments (which assesses risks of developing pressure sores) and fluid charts and gathered guidance from a variety of professionals to assess and monitor people's needs to ensure that they could be met.

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

- People had access to professionals as and when they needed them, such as doctors, district nurses, chiropodists, audiologists and opticians.
- Staff could identify when people were unwell and told us they would report any concerns to a senior member of staff who would contact the relevant professional. One member of staff told us how they noticed a change in a person's mood and personality. They had discussed this with a senior which led to meetings with the person's GP and care manager to assess what had led to the change. During the inspection, we also saw a variety of professionals visiting people; including district nurses and GP's.

- A visiting case manager commented "He has settled very well, he was very poorly, wouldn't get dressed, confused, now there have been massive improvements. [The person is] saying positive things, taking medication." They continued "[Staff] knew their medication without looking in the plan. Didn't know I was coming until earlier today, so [staff] did not have much time to prepare."
- We also spoke with a district nurse who told us "[Staff are] very quick to recognise problems if something has happened out of the norm, they know their foibles, pick things up and ask us to visit."
- When people visited health services or were admitted to hospital, hospital passports escorted them with information about that person to support consistency of care amongst services.
- When people's needs changed, this was discussed at staff handover and written in the communication book. It was then the role of the registered managers and seniors to update care plans. A senior member of staff told us each day they reviewed and made changes to one or two care plans, but if any big changes took place, the registered manager reviewed and updated their care plans and risk assessments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that MCA assessments had taken place in relation to specific decisions and appropriate DoLS applications had been made. The registered managers monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Staff had understanding of the MCA and DoLS and understood that people's capacity could vary depending on the subject matter or other factors such as the time of day. They told us that they always offered people choice and respected their decision. A member of staff told us "Give choice for everything, some people cannot communicate verbally so we look for physical cues, look at facial expressions, noises."

Is the service caring?

Our findings

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- At this inspection, we saw some good, kind interactions between staff and people. However, we found that some staff were not very knowledgeable of people and care was task focused rather than person focused. For example, just before lunch, we saw staff escort people to the toilet outside the dining room where there was a queue of people in wheelchairs waiting. We also heard staff referring to people by their room number.
- We saw staff knocking on people's doors before entering and people told us that they always knocked. However, we saw a member of staff enter the bathroom whilst someone was on the toilet. This was not dignified for the person as people in the communal area could see.

The provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People had access to busier and more quiet areas, as well as their bedrooms to spend time in and they told us their privacy was respected.
- The service provided support to married couples, who shared bedrooms and had brought their own furniture.
- People's independence was promoted as much as possible. Care plans described how people should be supported to be independent with their personal care and mobility. Staff told us "We encourage them to do as much as they can. Try not to do things for them, it is important for their own self-esteem and confidence." A visiting case manager told us, "I think they have a good understanding of capacity, don't do it for him - just prompted and encouraged."
- People felt that staff cared about them, they commented; "[The] carers are very good and extremely helpful" and "[It is] very pleasant here."
- We observed interactions between staff and people and interactions were kind. Staff smiled at people, asked them how they were, whether they had slept well, and we heard staff mostly addressing people by their chosen name.
- One person had started to use their mother language. Some staff spoke the same language and we saw person respond positively when staff responded in their language.
- Relatives told us; "They are very good, they are friendly, caring and nothing is too much trouble. I can't fault them. I think they are lovely, lovely people." Another told us; "[Staff are] more than good, the carers are all good people"

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

- Staff told us that people were not always able to be involved in their reviews to discuss how they wanted to be supported. However, relatives and advocates were invited if the person desired or had limited capacity. On the day of inspection, we saw one person having a review with the case manager and they requested that the registered manager join them – which they did. We also saw another person having a review with their case manager and a relative.
- People told us they got to choose who they wanted to support them, such as male or female carers and this was recorded in their care plans. A senior member of staff told us that one person had expressed that they would only like female carers, and this was adhered to "99% of the time."
- People told us that they could get up and go to bed when they wished and chose whether they wanted to have a bath or shower. We were told, "I'm helped with the shower, had a young man recently, he was extremely helpful," and "I prefer a shower and I can have one when I like."

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

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

- Before moving to the service, staff carried out assessments to ensure that they could provide people with the right care and support. They also discussed people's likes, dislikes and preferences to build up knowledge and understanding of the person.
- People's care plans showed that people had described the food they liked, and their social interests. There was a life history document, however this was not always completed. People were encouraged and supported to complete these, but some had refused and this was recorded.
- There were activities on offer at the service, including; singers, dancing, tai chi, music and movement and a local nursery visited. Some people also visited a local day centre. Activities were also discussed at residents meeting, where different options were considered. People commented "I join in with some of the activities. If something interests me then why not join in" another told us "I join in with the singers and exercise."
- Sufficient consideration had not been given to activities for people living with dementia: During the inspection we only saw one activity taking place, which was a board game. However, people were having trouble understanding and engaging with the activity. It was clear that it was not an appropriate activity for the people taking part.

The provider had failed to design and plan care and support in regard to activities which met people's needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints had been investigated and responded to appropriately.
- One person had asked for their own key to their bedroom, the registered managers spoke to staff and got a key cut for the person.
- People told us; "Staff come and talk to you and sort any problems you've got and if you've got a bigger problem you ask to speak to the chief one and they sort it." Another person said "If I had a complaint, I would complain to one of the managers and they would get it sorted quite quickly"
- People were reminded about the policy in meetings and there was an easy to read complaints policy on the wall in the poppy wing for people to see.

End of life care and support

- The registered managers introduced end of life care plans when people were deemed to be at the end of their life, this contained information about their wishes and preferences for their care and support at the end of their lives.
- For other people, some basic questions were asked regarding funeral plans and who they would like to be

informed. Some people and relatives did not want to discuss about end of life wishes and this had been recorded.

- We discussed this with the registered manager, who by the second day of inspection had started to develop a leaflet to be sent out to people and their families, and to new people joining the service so that they can collect that information prior to people becoming very ill.
- The registered managers also told us that they were planning to develop an end of life room and had a room in mind, which was tucked away at the front of the building and had an external entrance for family members. This is an area to follow up on the next inspection.

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.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider and registered managers did not have a robust system in place to monitor the safety and quality of service people received. Despite having daily, weekly and monthly checks to monitor the quality of service, the shortfalls identified at this inspection had not been highlighted by the current checks. For example, the provider and registered managers had not identified that staffing was insufficient to keep people safe, risks to people were not always managed or mitigated, staff did not always treat people with respect and activities did not always meet their needs.

The provider had failed to assess, monitor and improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People, relatives and staff praised the management at Elliott House and people knew the name of the registered managers.
- Relatives commented "There is excellent communication they involve me in everything and always discuss everything with me"; "The manager always rings me if [person] is a bit disorientated so I can have a chat with [them]." Staff told us "[The] registered managers are good at their jobs. They are friendly, you can speak to them about anything."
- Responses to complaints demonstrated that the registered managers understood duty of candour.
- Staff told us that there was a clear staff structure which was helpful. One member of staff told us; "[They are] not on the floor like other registered managers, very office based. But when we are really busy they do come out and help."
- Staff told us that they felt supported by the management and one of the registered managers described a very good working relationship with the provider, commenting "If we need anything for people, like a new hoist, [the provider] will get it arranged."

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

- Registered managers and providers are required to notify CQC about events and incidents such as abuse,

serious injuries and deaths. The provider had understood their role and responsibilities and had notified CQC about all important events that had occurred.

- Staff told us that there was a clear staff structure which was helpful. One member of staff told us; "[They are] not on the floor like other registered managers, very office based. But when we are really busy they do come out and help."
- Staff told us that they felt supported by the management and one of the registered managers described a very good working relationship with the provider, commenting "If we need anything for people, like a new hoist, [the provider] will get it arranged."

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

- People, relatives and staff were asked for their feedback of the service and feedback was analysed for any patterns and trends and then used to make improvements to the service. However, people were not always involved in their own care plan reviews.
- Different formats of feedback form were used to cater for people's different accessible information needs. Most of the feedback was positive, however the registered managers were responsive to concerns and had identified a trend around some aspects of care, so they went through these concerns with staff in supervisions and team meetings.
- People had residents' meetings where they could discuss different aspects of their care and support and any suggestions or ideas for change. For example, people discussed the food and different activities and what they would like to do over the Easter and summer open days. We saw that when suggested had been made, these had been followed up by the registered managers. Relatives were also invited to these meetings.
- Staff had general staff meetings and meetings specific to their roles within Elliott House such as; care assistant, seniors and domestic staff meetings. Staff told us that they discussed best practice and experiences to learn from. They also told us that they could raise concerns and suggestions for service improvement in these meetings and they would be explored by the registered managers.

Continuous learning and improving care

- The registered managers did not learn from areas identified at the previous inspection. Staff were still using inappropriate language.
- The registered managers attended different forums to keep up to date with the latest and best practice. For example, they had both attended a GDPR (data protection) training forum, a two day 'well-led' conference and had applied to attend the local authority's well-led training.
- In addition, the registered managers were hoping to introduce champions, for areas such as dignity and end of life to research their area of expertise and share their learning with colleagues We will check what progress had been made at the next inspection.

Working in partnership with others

- Staff at Elliott House worked closely with a variety of different professionals. When people needed specialist support, referrals were made without delay and specialist guidance was cascaded to staff and used to provide people with the most appropriate support for their needs.
- The registered manager also worked with local groups, charities and organisations so that they were up-to-date with groups and events that might interest the people. Two people attended a day centre and we saw the service had planned for a local nursery school to visit the service the following week.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to design and plan care and support in regard to activities which met people's needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure people were treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people.

