

Churchill Property Services Limited

Mount Elton Nursing Home

Inspection report

25 Highdale Road
Clevedon
Somerset
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Mount Elton is a nursing home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

People's experience of using this service:

Medicines records were not always accurate and up to date and two medicines were out of date. Guidelines were not always in place for topical creams. People were not always supported by staff who had checks undertaken prior to starting within the service or a risk assessment. The environment was not always safe, due to windows opening beyond the recommended safety guidelines, radiators that were not covered or risk assessed when they posed a risk of someone coming into prolonged contact with them. The sluice room which had chemicals within it was not securely locked.

The provider's checks and audits had failed to identify shortfalls relating to the environment, medicines management, recruitment and shortfalls in records.

People were supported by staff who received supervision, training and an annual appraisal. Care plans contained important information relating to people's mental capacity. Deprivation of Liberty Safeguard referrals were made when required. Incidents and accidents were recorded, and records confirmed any trends and actions taken.

People were supported by staff who were kind and caring although over lunch we observed people received care that was inconsistent due to people receiving support from various staff. Staff had a good understanding of how to respect privacy and dignity and how to promote independence.

Care plans contained important information relating to people's individual needs. People had their care reviewed when required. Care plans contained people's end of life wishes and the service liaised with professionals when required to meet people's changing care needs. People felt happy to raise any complaints and these were logged including actions taken.

People and staff felt the management was approachable and it was a nice place to work. The service liaised with various stakeholders and shared information when required.

Rating at last inspection: Good (published February 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating had changed from Good to Requires Improvement.

Follow up: We found one breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to monitor the service through the information we receive. We will visit the service in

line with our inspection schedule, or sooner if required.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mount Elton 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.

Inspection team:

The inspection was carried out on the 3, 4 & 9 September 2019.

On the first day, one inspector, an expert by experience and a specialist advisor, who was a nurse, undertook the inspection. On the second and third day the inspection was carried out by one inspector. An expert by experience is someone who has experience of caring for someone who used this type of service.

Service and service type:

Mount Elton Nursing Home is a nursing home providing personal and nursing care.

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

Notice of inspection:

The inspection was unannounced on the first day.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people and six members of staff, as well as the registered manager. We reviewed three people's care and support records and three staff files. We also spoke with two relatives and one health care professional. 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 also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment, training records, policies, audits and complaints.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

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

- The environment was not always safe. For example, some windows exceeded the recommended opening of 100 mm as in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. Following the inspection the registered manager confirmed action had been taken to fit window restrictors.
- Within the service some radiators were not covered. This could present a burn risk if someone was to come into prolonged contact with them. No risk assessments had been completed to identify the risk. Following the inspection the registered manager undertook risk assessments as required.
- People had individual risk assessments in place. However, one person required additional information relating to the hoist sling size and hoops being used.
- One bed rail risk assessments did not have full information confirming the name of the person assessed and the date undertaken. The risk assessment confirmed there was an alternative less restrictive measure that could be implemented however this had not been actioned. During the inspection we observed bed rail bumpers didn't fully cover people's bed rails. This meant people could become trapped in parts of the rail that were not fully covered. Following the inspection the registered manager took action and implemented all beds with full bed rail bumpers.
- People's pressure relieving air mattress settings were not always accurately set to reflect their weight so that they were effective. For example, on the first day we found four different mattresses set to incorrect settings. We fed this back to the registered manager. On the second day we found most actions had been taken although one mattress was still set incorrectly for the person's body weight. Following the inspection the registered manager confirmed checks relating to mattress settings had been increased. We found no evidence that people had come to harm because of this.

Preventing and controlling infection

- The sluice room door was found to be unlocked throughout the inspection. This meant people and visitors had access to substances hazardous to health (COSHH) items and an area that was used for cleaning and disinfecting items. The registered manager following the inspection confirmed locks have been fitted to both sluice rooms.

Using medicines safely

- People were not always receiving their medicines safely due to stock being out of date and records being inaccurate. For example, we found two medicines in stock that were out of date. This had not been identified through the services quality assurance systems.

- Records were not always in place for when topical creams had been opened or when thickener had been used within people's drinks. There were no guidelines in place that confirmed where people's creams should be applied. Following the inspection the registered manager confirmed they had implemented body charts that confirmed guidelines for staff to follow.
- Body maps were in place for recording pain patch medicines.
- People's MAR's records confirmed any allergies.
- Care plans contained important information relating to diabetes care and what support people required from staff with their diabetes.
- Staff had access to liquid hand wash, paper towels and personal protective equipment (PPE). Staff demonstrated using this equipment effectively. People, visitors and staff had access to hand sanitising stations throughout the home.
- The home was clean and odour free.
- Fire safety checks were undertaken weekly. Fire risk assessments were in place and an emergency file included people's personal evacuation plans (PEEPS) and emergency contact details.

Staffing and recruitment

- People were not always supported by staff who had checks completed prior to working with vulnerable adults. For example, one member of staff had started prior to a satisfactory Disclosure and Barring Service (DBS) being in place or a risk assessment. Another member of staff had started without satisfactory references being in place. No concerns were identified once checks had been completed. The providers policy confirmed 'subsequent job offers will depend upon satisfactory clearance'. This meant the service was not following their recruitment policy or ensuring a risk assessment was in place prior to satisfactory checks being completed.

We recommend the provider reviews their recruitment policy to ensure risk assessments are undertaken when required.

- People were supported by enough staff throughout the inspection. The registered manager was responsible for adjusting the staffing levels depending on people's needs.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "Yes, I do feel safe. Everything is here to make sure I'm safe". Another person told us, "Oh yes I feel safe. It's like family".
- Staff had a good understanding of abuse and what to do if they had concerns. One member of staff told us, "Different types of abuse are, sexual, physical, emotional, institutional, financial. I would go to the nurse on duty first then to the line manager. I would also go to The Care Quality Commission (CQC), Care connect and possibly the police".

Learning lessons when things go wrong

- Incidents and accidents were logged and reported when required. All incidents were reviewed for any trends and patterns action taken were recorded.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had mental capacity assessments undertaken to determine their capacity.
- Where people lacked capacity, best interest decisions were in place including those involved in the decision.
- DoLS applications were submitted when required.
- Staff offered people choice. One person told us, "Yes, I get a choice". Another person said, "Yes I make choices about my care".
- People's care plans contained important information including if the person required support with daily decisions and if the person had a representative to support with their health, welfare or finances.

Staff support: induction, training, skills and experience

- Staff received supervisions and an annual appraisal. Staff felt supported and happy with the supervision they received. One member of staff told us, "Support from line managers is good".
- Staff received training to ensure they were skilled and knowledgeable within their role. Training included, Moving and handling, infection control, safeguarding adults and mental capacity. Staff also had access to

additional training such as dignity, person centred care and equality and diversity.

- The registered manager also ensured staff completed the care certificate. The care certificate is a nationally recognised set of standards for those who work in care.

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

- People's rooms were individualised with pictures, art work, furniture and photographs.
- Rooms were clean and odour free.
- Various improvements had been made to the inside and outside of the building. The provider information return (PIR) confirmed improvements had been made to the outside terrace work and new metal ramp to the front door. During the inspection we observed improvements had been made to the dining area and carpets within the main hall way and staircase.
- The providers PIR also confirmed improvements were planned for a new wet room, and sluice room as well as a glass balustrade around the new patio area.

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

- People's care plans confirmed their individual needs. Such as if they wore glasses or required hearing aids to support them with their individual needs.

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

- People were supported to maintain a balanced diet. However, we observed the support people received over their lunchtime experience was inconsistent. For example, we observed people who required support from staff with their meals were supported by various staff throughout their meal time experience. Staff would start to support a person, be part way through supporting them through their main meal they would then get up and support someone else who needed assistance. We fed this back to the registered manager so that they could review this practice.
- Staff knew people's individual specialist diets, and these were recorded in people's care plans. However, we found changes to the national food descriptors hadn't been changed within people's care plans. National food descriptors set standards for food that requires changing in its consistency.
- People were offered various meal choices. For example, staff asked people what they preferred to eat. We observed people choosing their preferred option. Throughout the meal staff were attentive to offering other options and choices to people. For example, one person wasn't eating their meal. The member of staff offered them a sandwich. We observed them hold the sandwich and take several mouthfuls independently.
- People had access to cold drinks within the main lounge area. Staff throughout the day went around with a hot drinks trolley offering people and visitors drinks, teas and coffees.
- People and relatives were happy with the meals and drinks. One person told us, "The food is quite good. Oh yes, I get enough to drink". Another person said, "The food suits me. Yes, there is plenty to drink". One relative told us, "[Name] is putting weight on". Another relative said, "Eats well. Still has a good appetite. Has enough to drink".

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring and who treated them well. People told us, "The staff are all very kind". Another person told us, "They treat me well".
- Staff were able to demonstrate a good understanding of equality and diversity. One member of staff said, "Treat people equally. Regardless of their gender, sex, race, age, religion".
- People's care plans contained important information relating to their individual needs such as their religion.
- People were well presented with clean clothes, hair and fingernails.

Respecting and promoting people's privacy, dignity and independence

- People felt supported by staff who were polite and respectful. People told us; staff, "Yes, they are polite". Another person told us, "Yes they speak politely to me. They wouldn't do anything else".
- Staff were aware of how to support people to maintain their privacy and dignity. One person told us, "Oh yes. They respect my dignity and confidentiality". Another person said, "Confidentiality is respected". Staff confirmed how they respected people's confidentiality. One member of staff said, "Not to discuss information to anyone else. If we need to we would talk in a private room. They confirmed, whilst supporting people they shut curtains and doors and provided towels whilst providing personal care.
- People felt staff promoted their independence. For example, people told us, "I wash my own face. They do the rest". Another person said, "I like to be independent. I can wash myself. I walk by myself".
- People were supported to maintain relationships important to them. Visitors were welcome throughout the day.

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

- People were encouraged to make decisions about their daily care and support wishes. Staff had a good understanding of how to involve people in making decisions about their care each day. One member of staff told us, "I give people choice about what they want to wear. For example, I'll get a choice out and show them". The member of staff gave other examples such as choice with meals, drinks and to have a shower or bath. They said it was people's choice.
- People's care plans confirmed if people had a representative involved in decisions about their care. Care plans also confirmed if people required an advocate. An advocate can support people in expressing their views about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Meeting people's communication needs

- People's care plans were person centred and contained important information on people's likes and dislikes and their preferred routines.
- Care plans contained information relating to people's sensory needs such as if they had hearing aids and wore glasses. However, one person's care plan confirmed their method of communication was via sign language. During the inspection we observed the person could communicate verbally however their care plan didn't confirm this.
- Care plans contained people's religious needs and their medical and life histories.
- Care plans were reviewed every 12 months or before if required.
- People had access to group and individual activities. These were planned for the month ahead. Activities included, social mornings, drawing, quiz, exercises, manicures, board games, poetry and movies. There is also a reminiscence activity called SPARKLE in which people engage in discussions with one another. One person told us, "I like quizzes or painting. Something to occupy my mind".
- The service had an additional member of staff who was employed to spend time with people. This included sitting talking to people, going out for walks and going in the car to a nearby place of interest.
- No-one at the time of the inspection required information in an accessible format. Staff confirmed occasionally they would write information down for people should the need arise. People could access information in other formats should the need arise. This was in line with the Accessible Information Standard.
- People's had visitors throughout the day.

Improving care quality in response to complaints or concerns

- People felt happy and able to complain should the need arise. One person told us, "I've no complaints". Another person said, "No complaints but would be comfortable raising concerns with the staff".
- Complaints were investigated, and actions taken. Records confirmed an overview of complaints received including how they'd been resolved.

End of life care and support

- People's care plans contained people's wishes relating to their funeral arrangements and if they became unwell.

- One person at the time of the inspection was receiving end of life care. The service was liaising and working with health professionals to deliver this person end of life care. The service liaised with professionals when required. One health care professional confirmed the service liaised with them regularly and when required. They felt the service was good.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits and checks in place had failed to identify shortfalls found during our inspection. We identified shortfalls relating to the environment, medicines management, records, equipment and safe recruitment of staff.
- Records were not always up to date relating to one person's risk assessment relating to the hoist sling size and hoops. Bed rail bumpers were not safely fitted, and one bed rail risk assessment had missing important information.
- People's air mattress settings weren't accurately set. The sluice room being found unlocked and accessible to people.
- Some medicines we found out of date. Guidelines were not always in place for topical medicines. There were no records to confirm when people had thickener added to their drinks. Important medicines information was left accessible on the side of the trolley. The monthly medication audit had failed to identify these shortfalls. Following the inspection the registered manager confirmed new body maps were in place and medicines records were now locked securely away.
- Satisfactory checks were not always in place prior to staff working with vulnerable people.
- Daily checks undertaken on records relating to people's care provided. Had failed to address the missing recording of if people had received their care and if not why. During the inspection the registered manager implemented a new system for recording daily audits of care records including actions taken.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager undertook various audits and checks throughout the service. These included, monitoring staff supervision and appraisal tracker, training, deprivation of liberty safeguards (DoLS).

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

- The service had residents' meetings. These were an opportunity to discuss topics such as any complaints, social events, visits by external clergy. Records confirmed discussions and any actions taken.
- Staff had meetings where they discussed topics such as dignity in care, changes to technology, changes to

the environment, safeguarding and what staff should do if they had concerns and staffing. Staff had a daily handover so that staff were familiar with any changes to people's well-being or care needs.

- Views and comments from people and visitors were sought as part of the service making improvements to people's care experiences and visits.
- The service had regular visits from a local school where children would come and sing. Coffee mornings were an opportunity for people to be part of the local community that were invited into the service.

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

- People, relatives and staff felt the registered manager was approachable and friendly. People told us, "Oh yes, their approachable". Another person told us, "The best thing about the service is the kindness. They are all very good". Relatives said, "The home and staff are very good", Another relative said, "Yes they are all approachable". Staff said, "I'm happy and enjoy working at the home. I feel it's the best team ever".

- The service was displaying their rating from our last inspection within the service.
- Notifications were made when required. Notifications are made when certain changes, events and incidents occur that affect the service or people.

Working in partnership with others

Continuous learning and improving care

- The registered manager worked in partnership with outside agencies such as the care of the elderly nurse, paramedics, GP's and the local authority. At the time of the inspection the registered manager was in the process of arranging a local dentist practice to visit people within the service. This meant people could receive regular checks ups and support without having to leave the service. They also worked in partnership with people's relatives so that improvements to care were made and there was continuous learning.
- Incidents and accidents were logged, and an overview recorded actions taken so improvements were made.
- The registered manager worked in partnership with the provider who visited the home regularly.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Shortfalls had failed to be identified through robust audits relating to the environment, recruitment, infection control, medicines management and records.
Treatment of disease, disorder or injury	Regulation 17 (1), (2), a, b, c,