

Churchill Property Services Limited

# Mount Elton Nursing Home

## Inspection report

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Somerset  
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18 December 2020

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Mount Elton Nursing Home provides personal and nursing care to up to 24 people. At the time of the inspection there were 20 people living at the home.

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

People and staff felt safe and all felt the service was a nice place. We found some shortfalls relating to staff not having a COVID risk assessment in place and no training for staff relating to COVID infection control and safeguarding training. However, following the inspection, the provider confirmed staff had received infection control training and there was a date sent for them to attend a safeguarding refresher training. They also confirmed risk assessments had been actioned following our inspection. All staff we spoke with had a good knowledge of both infection control procedures relating to managing COVID and identifying abuse and who they should report abuse to.

We inspected the service and were assured the service was managing infection control procedures relating to the risks of coronavirus and other infection outbreaks effectively. For example, we found personal protective equipment (PPE) was being worn as required, PPE was available for staff and staff knew how to use PPE correctly. Staff and visitors had access to hand hygiene such as hand sanitiser.

We found the following examples of good practice.

People supported to keep in touch with families. This had included outside visits and inside visits for those who were receiving end of life care.

There was a system in place to take people's temperature on arrival and record contact details for test and tracing purposes.

Additional cleaning regimes were in place to ensure a high standard of cleanliness, paying particular attention to high touch areas such as door handles. The service was clean and odour free.

The provider was testing staff every week.

Why we inspected

We received concerns in relation to infection control procedures, staff recruitment systems within the service and poor governance systems. As a result, we undertook a targeted inspection to review the concerns raised within 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. We announced our inspection and requested information relating to infection prevention control policies, audits, contingency plans, staff training in infection control procedures and visiting policy during the COVID pandemic.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mount Elton Nursing Home on our website at [www.cqc.org.uk](http://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?**

Inspected not rated.

**Inspected but not rated**

### **Is the service well-led?**

Inspected not rated.

**Inspected but not rated**

# Mount Elton Nursing Home

## **Detailed findings**

### **Background to this 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. 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.

We received information of concern about infection control and prevention measures at this service and if people were safe, recruitment procedures were in place and if the service was well-led. This was a targeted inspection looking at the infection control and prevention measures the provider has in place, safeguarding arrangements, recruitment records and the governance arrangements.

This inspection took place on 18 December 2020 and was announced. One inspector undertook this inspection.

# Is the service safe?

## Our findings

We looked at infection control procedures as part of this inspection, safeguarding procedures and safe recruitment. We have therefore not been able to rate this service.

### Preventing and controlling infection

- During the inspection we observed one member of staff whose surgical mask did not fit them very well. We raised this with the provider as surgical masks should fit securely without gaps or loops being twisted. Following the inspection, the provider confirmed they had in stock surgical masks that fitted the member of staff securely.
- Although staff had a good knowledge of infection control procedures and how to don and doff their personal protective equipment staff had not received any specific training relating to coronavirus infection prevention control at the time of the inspection. We fed this back to the provider who confirmed following the inspection staff had received infection control training.
- No risk assessments had been undertaken for staff who could be disproportionately at risk of COVID-19. Following our inspection, the provider had taken the necessary action to address this shortfall.
- We were assured that the provider was preventing visitors from catching and spreading infections.
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- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. However, where one member of staff had tested positive the provider had not followed government guidance and had re-tested the member of staff which found them negative, when they should have been self-isolating at home.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff felt the service was safe. One person told us, "Yes I'm safe". Another person when asked if they are safe, told us "Yes". One relative told us, "Yes". One member of staff when asked if they felt people were safe, told us, "Oh yes".
- Staff had a good understanding of abuse and what to do if they had concerns. One member of staff told us, "Harm can be physical, mental, financial. I have no concerns if I did I would raise them with the safeguarding team, the provider or The Care Quality Commission".
- At the time of the inspection not all staff had received recent safeguarding training. We raised this with the provider who confirmed following the inspection all staff were booked on a refresher safeguarding training.

## Staffing and recruitment

- During the inspection we identified not all records relating to staff and their recruitment were in place as required. For example, one member of staff had no record of their employment, this included a contract, application form, disclosure and barring service and references.
- Another staff file had a DBS in place however this was four days after their start date with the service. We raised this with the provider who following the inspection sent us a completed risk assessment for this period of time.
- Another member of staff had received three references however these records failed to identify who the references were from and if one was from the person's previous employer. This meant it wasn't clear who the references were from to ensure one was from the previous employer. We feed this back to the provider following the inspection.
- During the inspection we requested information relating to all staffs DBS checks. Following the inspection, the provider sent us the DBS tracker this confirmed three staff required a DBS and the other 36 staff had received a DBS. However, some of those DBS checks had been undertaken over 5 years ago and no further or recent checks had been undertaken to ensure the member of staff was still suitable to work with vulnerable adults. This could mean people were being supported by staff who were no longer suitable to work with vulnerable people.
- People and relatives told us there were enough staff. One person told us "Plenty of staff". One relative told us, "Oh yes there are enough staff around". Another relative said, "Staff spend quite a bit of time with [Name of the person]. They even send video's of them enjoying themselves. They're very thoughtful like that".
- People felt supported by staff who were friendly and very supportive. One person told us, "Staff are very good, their kind and caring".

# Is the service well-led?

## Our findings

We looked only at good governance as part of this inspection. We have therefore not been able to rate this service.

At our last inspection we identified auditing and governance systems were not always fully effective in identifying shortfalls relating to the environment, medicines management, records, equipment and safe recruitment of staff. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Prior to our inspection the provider had identified and confirmed some issues with their records and governance systems within the service. During the inspection some records requested were unable to be provided. Following the inspection, the provider sent us additional information and confirmation where possible of the information we required as part of this inspection.
- During the inspection we identified some staff had not received a DBS check for a significant period of time, for some staff this went back to 2002/2003. There was no system in place to ensure these staff had a more up to date check undertaken to ensure they were still satisfactory to work with vulnerable adults.
- Prior to the inspection the provider had failed to identify shortfalls relating to ensuring all staff had a COVID risk assessment. Following the inspection, the provider sent confirmation of action they had taken to address this shortfall.
- During the inspection we identified shortfalls relating to staff receiving infection control training and safeguarding adults training. The provider had failed to identify this shortfall prior to our inspection. Following the inspection, the provider confirmed staff had received infection control training and a date had been planned for staff to attend safeguarding training.
- Audits were in place to identify shortfalls relating to medicines management.
- Audits and checks were in place for hand hygiene.
- Audits were in place for incidents and accidents including actions taken.
- The provider had a COVID risk assessment in place for the service and a visiting policy supporting visiting during the pandemic.
- The provider had an infection control policy in place.
- The provider had a safety maintenance tracker in place. This monitored dates when insurances were due, food hygiene checks were last undertaken, and water legionella testing was required.