

HC-One No.1 Limited

Elstree Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elstree Court Care Home accommodates up to 41 people in an extended and adapted building. It provides accommodation and facilities over 3 floors and most areas have level access with chair lifts available in areas where steps are located. At the time of inspection there was 38 people living in the service. People's needs were varied and included nursing needs, and support with dementia and memory loss.

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

People received individual time with staff to engage in activity and entertainment that met their individual needs. Activity staff were keen to promote well-being for people and ensured regular social interaction.

Complaints were recorded and responded to effectively. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be. People's communication needs were assessed and responded to. End of life care was planned and involved additional health care professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a stable management structure and staff felt well supported and valued. There was a positive culture and team spirit amongst the staff. Feedback from staff, relatives and visiting professionals was positive about the leadership of the service.

The registered manager was committed to maintaining and developing a quality service.

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

Rating at last inspection

The last rating for this service was Good (published 12 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elstree Court Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Elstree Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elstree Court Care Home is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan

to make. We looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We also spoke with 5 staff members in addition to the registered manager, and the senior area director. The senior area director has designated responsibilities for supervising the management of the service on behalf of the provider.

We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included people's care records and evidence of activity and entertainment arranged. A variety of records relating to the management of the service were viewed, including complaint management, health and safety records and quality audits. We contacted and received feedback from 3 visiting professionals and spoke with 6 visiting relatives.

Is the service safe?

Our findings

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

At our last inspection this key question was rated Good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting was seen as important and supported in a safe way. The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection not everyone had the opportunity to engage in meaningful activities. A recommendation was made for the provider to seek advice, guidance and training from a reputable source, to support staff in providing suitable activities and entertainment. At this inspection improvements had been made.
- The activities staff had undertaken relevant training and were providing varied and personalised activity and entertainment. For example, each person was visited on a daily basis by an activity staff member, this ensured social contact and discussion around people's well-being.
- People's individual interests were recognised and responded to. One person had an interest in the garden and caring for small animals. They were supported to complete garden landscaping and to care for chickens and rabbits.
- Group activities and entertainment were scheduled, and people chose what they attended. They were varied and an activities staff member told us, "We want to cover all people's needs and focus on mind, body and soul each day." One relative told us, "They really appreciate the church service that is held each fortnight."

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

- People received personalised care that was tailored around their wishes, preferences and routines. People's needs were fully assessed and plans of care were developed to guide staff. Daily routines were agreed with people's choices respected; this gave people the structure they wanted to their day. For example, if people wanted to get up later that was accommodated. Bedtime routines were individual.
- Care plans were person centred and took account of people's family history, individual personality, preferences and lifestyle. Reviews took place regularly and identified when people's needs were changing. These were completed in consultation with the people and their representatives when appropriate.
- Staff knew people well and took an interest in how they wanted to live their life and how they could support them to have the best outcomes. For example, staff were supported to be as mobile as possible. Staff worked with the occupational therapist and ensured suitable wheelchairs and moving equipment was available for individual use.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were fully assessed; this took account of any sensory loss and any equipment that was used. For example, hearing aids, spectacles and any difficulties in people being able to understand or express themselves effectively.
- Individual care plans were written, these recorded how people communicated, and what support they needed to promote effective communication and understanding. For example, one person said 'yes' even when they meant 'no'. Staff understood that this was the case and were careful to use gestures and check out their responses and not rely on the answers given verbally.
- Staff were seen to promote communication by using touch and eye contact when talking to people. They took time to explain things, spoke clearly and allowed time for people to respond.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and systems to record and investigate any complaint received. Leaflets on making complaints and providing feedback were displayed along with a suggestions box in the front entrance area.
- People and relatives said they were comfortable to raise any complaint or concern directly with the registered manager who was said to be approachable and willing to listen. One relative said, "I have spoken to the manager before with a concern, she listened and dealt with it."
- Concerns were recorded with individual daily records and appropriate action was taken to address and resolve any issue. For example, during the inspection 1 person said, they had not been taken for a walk. The registered manager ensured this person was spoken to in private about their concerns. A staff member was later seen to be attending to their request for an afternoon walk.
- Systems ensured official complaints were clearly recorded and logged along with evidence of effective responses. However, concerns raised were not recorded in a central system that could be used to identify themes or trends for improvement. This was discussed with the registered manager who started a concerns log to support this analysis. The regional area manager told us a new electronic system was being established that would enable the analysis of all complaints and concerns raised.

End of life care and support

- When people needed end of life care, staff supported them to have a dignified and comfortable death. Staff were compassionate in their approach and talked about supporting relatives and staff through any bereavement.
- Staff received training on end of life care and the registered nurses had regular updates on appropriate clinical skills needed. For example, training and updates on the use of end of life medicines.
- Staff work with other health care professionals to provide the best care for people. GP's were contacted regularly and involved in the planning of the people's care. Information and guidance were recorded within the care records on any medicines that may be required. These were used to ease people's symptoms including pain. These are known as 'Just in case medicines'.
- The registered manager had links with the local Hospice and contacted them for advice and guidance to support the staff when needed.
- Care plans were used to record people's wishes at the end of their lives. They outlined what the person wanted to happen both at and beyond the point of death. These were completed as far as possible with people, and with the support of their representatives when appropriate.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post, they had a high profile and worked closely with the staff team. There was a clear management structure that staff understood. This included a deputy manager, a team of registered nurses and a head of each department. A representative of each attended a daily management meeting that was used for effective communication.
- The registered manager was also a registered nurse and maintained a clinical overview. There were on call arrangements and staff always had a member of the management team to contact if needed. This included access to regional managers who provided a further management level on behalf of the provider.
- A number of internal and external quality assurance tools were used, to ensure an oversight of the service to support quality and ensure compliance with any legal requirements. For example, a monthly audit was completed by the regional manager to review key areas for quality improvement. A recent report identified ways for improving wound management.
- People their relatives and visiting professionals were positive about the management arrangements. People told us they could always talk to a nurse. A visiting professional told us, "Elstree are well led and respond appropriately. "One relative said, "The management are marvellous, so supporting."

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

- There was a positive team spirit and culture in the service. The registered and deputy manager had a positive relationship with staff and worked with them to support good practice, and maintained a supportive environment to work in. This resulted in good outcomes for people. For example, a nurse told us how the registered manager recently supported them with ensuring a syringe driver, delivering pain control medication, was set up safely and promptly.
- Staff felt supported on a daily basis and received regular supervision that facilitated their individual development, focussing on each staff member as an individual. For example, the registered manager discussed the use of the staff induction and probation period to ensure appropriate support to establish core skills for new staff.
- There was a strong team spirit, and staff told us staff help each other out. One staff member said, "We are there for each other, and help each other at work and support each other with life too." Another said, "Coming to work is great we enjoy our work. We love the people and staff here."
- Staff felt valued and told us they often were thanked by the registered manager, deputy manager and the

senior management team on behalf of the provider for their work. Some staff had been doing extra shifts to cover some staffing shortfalls and felt they had been appreciated. Staff had access to a group chat on their phones and received communication through this application. Staff showed the inspector thanks and support provided by the management team.

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour. Relevant statutory notifications had been submitted promptly to the CQC and the previous rating of the service had been suitably displayed.
- The registered manager and management team demonstrated an honest and transparent approach. They maintained honest communication with people and their representatives following accidents and incidents. They understood the importance of effective communication.
- The registered manager and management team engaged with the inspection process. They responded positively to feedback and took immediate action to improve areas during the inspection process. For example, they recognised the need to improve the recording of concerns raised and action taken to resolve them.
- The registered manager worked closely with the senior management to ensure staff and practice was current and complied with best practice guidelines. For example, government guidelines on COVID-19 were reviewed regularly to ensure procedures in place were current. A visiting professional told us, "Infection control measures I can only comment from a visiting healthcare professional perspective, and have always been asked by staff to comply with the current guidance around hand washing, mask wearing, distance, etc."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged with people and their representatives on a regular basis. She visited each person individually and held a resident's forum which allowed for group discussion, on what was good and what could be improved. For example, a problem with the food being 'lukewarm' on the top floor was raised. The registered manager looked to resolve this with the provision of a microwave.
- People knew who the registered manager was and said they were available and listened. A relative said, "I spoke to the manager, they have been very supportive."
- The provider used surveys to gain the views of people and their relatives, and to assess the level of satisfaction with the service.
- There were a number of ways of gaining staff feedback. This included staff meetings, staff surveys and various contact routes with managers and the provider. Staff told us, "We are asked for our thoughts on how things are going," and "We have contact numbers for the provider if we need them."
- Staff worked closely with health and social care professionals, to promote the well-being of people. Visiting professionals were positive about the contact and joint working completed. A professional told us, "They also are proactive in reaching out to health professionals on clients/residents' behalf such as requesting GP visits, mental health reviews etc. and chasing these up as needed on clients' behalf. The manager/deputy have also been willing and made themselves available to attend multi-agency meetings."