Bupa Care Homes (ANS) Limited

Elstree Court Care Home

Inspection report

64 Meads Road
Eastbourne
East Sussex
BN20 7QJ

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27 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Elstree Court Care Home provides nursing and personal care for up to 41 people. The service provides accommodation and facilities over three floors and most areas have level access and chair lifts are available in areas where steps are located. Care is provided to people whose main needs relate to nursing and related physical health needs. This includes people who have had a stroke or live with a chronic health condition like Multiple Sclerosis, Diabetes or Motor Neurone Disease. People's nursing needs varied, some had complex nursing and care needs, others also required support with dementia and memory loss. Elstree Court Care Home also provides end of life care and used community specialist to support them in this care.

At the time of this inspection 32 people were living in the service. This inspection took place on 25 and 26 May 2016 and was unannounced.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. Some records had not been completed or maintained in a consistent way to support the care and treatment provided. This could lead to staff not having up to date information on people's needs and care provided. Lack of clear and accurate records could also lead to staff not following best care practice.

People were looked after by staff who knew and understood them well. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. All feedback received from people and their representatives through the inspection process were positive about the care, the approach of the staff and atmosphere in the home. People told us they would recommend the home and comments included, "Oh I do like it here, I'm so happy here," "There's nothing better than this place," "I'd give it ten out of ten," and "It's just lovely, nice atmosphere and nice kind people." Feedback from visiting professionals was positive with a multi-disciplinary approach to care and treatment.

Staff had a good understanding of safeguarding procedures and knew what actions to take if there was an allegation of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion. The registered nurses attended additional training

to update and ensure their nursing competency.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided. People were supported to take part in a range of activities that met their individual needs.

Feedback was sought from people on a daily basis and satisfaction surveys had been completed. The management style fostered in the home was transparent listened and responded to people and staff's views.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were stored, administered and disposed of safely.

The environment and equipment was well maintained to ensure safety.

There were enough staff on duty to meet the needs of people. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service

Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

People told us they were happy living in the home they and relatives felt people were safe.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and DoLS and the need to involve appropriate people, such as relatives and professionals, in the decision making process.

Staff were trained and supported to deliver care in a way that responded to people's needs.

Staff ensured people had access to external healthcare professionals, such as the GP, specialist nurses and community mental health team as necessary.

Staff monitored people's nutritional needs and people had access to food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome in the service.

Everyone was positive about the care provided by all staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of person centred activity and staff supported them either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas.

The registered manager and senior staff in the service were seen as approachable and supportive.

Staff and people spoke positively of the management team's approach and availability.

Elstree Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 May 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience in older people's care and dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who lived in the service who could share their views on their care, seven relatives who were visiting on the day of the inspection. We also spoke with two visiting health care professionals who were attending the service.

We spoke with various staff including the registered manager, the deputy manager, the chef, the activities co-ordinator, two care staff and the receptionist.

After the inspection we spoke with a specialist nurse and contacted a local GP surgery for feedback.

We observed lunch on two days in the dining room and a number of people's own room when they ate on their own. The inspection team spent time observing people in areas throughout the home and were able to see the interaction between people and staff.

We reviewed a variety of documents which included four care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at Elstree Court Care Home. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at four staff recruitment files, and records of staff training and supervision. We read medicine records and looked at policies and procedures, record of complaints, accidents and incidents and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living in Elstree Court Care Home. They related this to being comfortable and at ease with the staff working in the service and the availability of staff able to respond to their needs correctly and in a timely way. One person said, "You always feel there's someone around and they often wave as they go past or pop in to see if I'm alright or if I need anything. You don't feel like you're all alone," another said, "I feel safer here than I did at home" Relatives felt people were safe and staff attention and care supported this view. One relative told us how worried they were before their father came to the home. "I was so so worried, it was dangerous for him at home. Now he is here I have no worries." Visiting health professionals were positive about the standard of care and level of engagement with them which ensured people were receiving safe care.

People told us staff were often 'busy' but there were enough staff to respond to their needs.' Staff told us staff covered any staffing shortfalls and the use of agency staff was avoided. Each shift had two registered nurses working supported by five care staff in the morning and four care staff in the afternoon evening. Nights were staffed with one registered nurse and three care staff. There was additional staff in the home to respond to domestic, catering, entertainment, administration and receptionist duties. The registered manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to. For example extra staffing was provided for special outings.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. First aid equipment was available and staff had undertaken appropriate training. Staff knew what to do in the event of a fire and appropriate checks and maintenance had been maintained. Emergency information was readily available, for example a 'grab bag' was visible near the front entrance and contained information on the location of people along with individual evacuation plans. The service was clean and health and safety maintenance was in place, the system to report and deal with any maintenance or safety issue was effective. One person talked about the cleanliness of the home and said, "It couldn't be kept any cleaner"

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Staff files showed there was appropriate recruitment and appointment information. This included application forms and interview notes, confirmation of identity, references and police checks. The recruitment process included a further check by the organisation's head office to ensure the correct procedures were followed. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirmed their right to practice as a registered nurse. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

People said that they got their medicines when they should and when they needed them. One person said "I

do have tablets every morning, I can't remember what they're for but I have them every morning at breakfast time"

There were robust systems in place to ensure the safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Storage facilities throughout the service were appropriate and well managed. For example, medicine rooms were locked and any drug trolley was secured to the wall when not in use. The temperature of areas where medicines were stored were monitored to ensure medicines were not harmed before use. Staff were vigilant in locking the trolley when they were talking or giving medicines to people. We observed medicines being given at lunchtime and staff followed best practice guidelines. For example medicines were administered individually using pots to dispense, waiting for the medicine to be taken and then recording on the Medicine Administration Record (MAR) chart. All medicines were administered by staff who had completed additional training and had undergone a competency assessment.

Some people had been were prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN guidelines were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Variable dose medicines were also administered appropriately. For example some people had health needs which required varying doses of medicine related to specific blood test results. We found medicines were given in accordance with any changing requirements.

One person had their medicines administered covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. This had been discussed with the persons GP and close relative and a mental capacity assessment was in place to demonstrate why this was appropriate for the person and in their best interest.

All staff including domestic staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. Discussion with senior staff and records confirmed they had reported safeguarding concerns, recognising possible abuse within the service and in the community. For example the registered manager had recently raised a concern about the nursing care provided to someone living at home before their admission to a care home. Staff demonstrated that they worked with the safeguarding team and promoted the safety of people.

Staff had a good understanding of people's risks and how to respond to them. We found risk assessments were used appropriately to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented and responded to. When people were at risk of pressure damage to skin staff ensured appropriate equipment including pressure relieving mattresses were used. Staff checked that these were working and set correctly to ensure people's safety and moved people on a regular basis to reduce pressure on areas of skin.

Good

Is the service effective?

Our findings

People and relatives had confidence in the skills and abilities of the staff employed at Elstree Court Care Home. One person said, "You can't fault the staff, everything they do is well done." One relative said "The staff were competent they knew exactly what they were doing when mum came here for palliative care." Another said "They appear to be well trained and knowledgeable there are no concerns. I am extremely pleased with the care, they are efficient and personable and kind." People felt that the care and support provided was focussed on them and provided an individual approach. Visiting professionals told us staff had relevant skills and listened and responded to advice given. People were complimentary about the food and how they were provided with choice and variety.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. The MCA 2005 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.

Mental capacity assessments were completed on each person on admission as a baseline assessment. Senior staff confirmed that these would be completed again in relation to any individual decision. Records were also kept of who had been given rights to make decisions on behalf of people when they had capacity to do so. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and the need to include appropriate representation for the person concerned.

We found that senior staff had applied to the local authority for DoLS when necessary. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Following the inspection the registered manager confirmed further contact had been made with the DoLS team for further clarification and an update on deprivation safeguard applications already made. These applications had included ones for people who could not give consent due to a lack of capacity for their admission care and treatment within the service.

Staff always asked people for their agreement before completing any task and offered choices throughout the day. For example, staff gave choices about what they were wearing and where they wanted to be. One carer asked if a person wanted a cardigan and discussed if they were cold. Choices were given a high priority, this was also evident with the provision of food and drinks.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. The recruitment process took account and assessed applicant's skills. For example numeracy and literacy skills were tested and registered nurses were given scenarios to assess their clinical knowledge and skills. Staff were provided with terms and conditions of employment and policies and procedures that

underpinned their roles within the service. New staff received a comprehensive induction programme. This included working alongside senior staff in a shadowing role and the completion of competency assessments.

Staff and training records confirmed that a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer system highlighted if staff had fallen behind. Staff told us the training provided them with the skills they needed and included practical along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme. Additional training was also provided to support staff with developing roles, specific interests and changing needs of people living in the service. For example, senior staff were completing mentorship training to support senior care staff who were registered nurses in their own country to gain registration with the NMC. Three registered nurses were also completing dementia awareness training to become facilitators in the home in recognition of people's increasing dementia care needs. The training programme was varied and reflected the needs of people living in the service.

The registered nurses were supported to update their nursing skills, qualifications and competencies. For example, one registered nurse had recently attended a skills update on wound management and male urinary catheterisation. They had the opportunity to reflect on these and their own practice through a supervision process. The registered nurses were also supported in maintaining their registration with the training they are required to undertake to maintain their registration with the Nursing and Midwifery Council (NMC). One registered nurse told us they were being supported with their re-validation process and training on this area had been provided by the organisation.

People were supported to have enough to eat and drink and had a pleasant dining experience. People had access to fluids and drinks throughout the day. One person said, "They're very hot about making sure you have drinks, I've always got a drink here on my table." People could choose where they had their meals and the dining room was attractively presented. One person said "I usually go down to the dining room but my daughters coming today so I've told them I'll have it in my room today." There was enough staff to attend to people in the dining room and to people in their own rooms. Staff were not rushing and gave people time to eat at their own speed. Meals were served politely and interaction was positive with conversations and jokes being shared in the dining room. People were supported according to their need and equipment to maintain independence was provided. For example plate guards and adapted cutlery. People were given choices and these were responded to for example people were offered a choice of juice with their meal and afterwards offered tea/coffee and people were asked if they wanted sugar and how much. One person asked for a smaller portion and staff accommodated this request. One person told us, "Yes the foods very good and there's always plenty. You get a choice of about three different things and pudding. The other day I didn't fancy anything on the menu and asked for eggs on toast instead and I asked for prune juice which they went to get for me." We received one negative feedback about the provision of meals around a feeling of being 'rushed'. This was raised with the registered manager to follow up and address.

People's nutritional needs had been assessed and regularly reviewed. Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. Drink supplements were used when specialist advice indicated this treatment. For people who had difficulty in eating and swallowing suitable meals were provided that included soft and

pureed meals. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition and fluids. Associated records were completed and included fluid charts that recorded fluid offered and taken.

Staff had a good knowledge of people's dietary choices and needs. The chef and catering staff took a positive role in responding to people's needs and preferences and were proactive on promoting good food experiences for people. Catering staff served the mid-day meal in the dining room to ensure an individual approach to what food people wanted and could also see what people were eating. The chef was involved in discussions with staff, relatives and health care professionals to respond to individual needs and special diets. Specific dietary needs were recorded on diet sheets that were used by the catering staff and were updated in conjunction with the nursing staff on a regular basis. Surveys were also used to gain additional feedback on preferences and choice. We found individual needs were given a high priority. For example one person liked a specific soup and this choice was responded to.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted which was a great reassurance and were supported in attending hospital appointments. One person told us, "One day my heart was pounding a bit and I was a bit frightened and I told them and the rang for a doctor and came and told me that they had phoned which relaxed me and then the doctor came a bit later." Relatives confirmed health care support was sourced appropriately and they were kept informed of any health changes. Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. For example, a consultant psychiatrist was involved in planning and reviewing care for a person with specific mental health needs. Specialist nurses were also used to advice staff on specific care needs. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their every day care and contact. People and their relatives were positive about the attitude of the staff and said the staff were kind, and very caring. One person said, "They are all so nice and happy. It's important to see cheerful faces." One relative said, "The staff are very very good, caring and loving. Very dedicated kind to me and all the family." Another said, "The care staff are wonderful all so kind they have been marvellous." People and relatives commented positively about all staff in the service who worked as a dedicated team with a feeling that 'nothing is too much trouble'. One said "The odd job man is good he will put a picture on the wall and the people who do the teas and coffees are great and chat to her. The laundry is always nicely done and organised. I am more than pleased."

We found staff communicated with people in a cheerful friendly and reassuring way with a bright and engaging disposition. They were attentive and thoughtful and were constantly asking if people wanted any support. For example staff were heard to say, "Are you alright there X, would you like a tissue?" and "Hello X, can I help you at all. Do you need anything?" Staff spoke to people in a kind calm manner using good eye contact and getting down to people's level. There was often an arm placed around someone's shoulders as they spoke to someone which was responded to positively by people. One person who was blind was given a cup in their hands with an explanation. This was done in a very gentle manner, giving the person time to feel the object and to drink independently with enough support to do so.

The relationship between staff and people and their families was a positive one with a genuine interest and fondness. People were called by their preferred name and this was recorded within the care documentation. People and their relatives were greeted by staff with affection and some hugs. One relative told us how important it was that staff were close to her mum and said "My mum loves the staff especially one who can always make her smile." One person referred to a staff member by saying "That's my giant with a soft heart." People and staff shared very natural and engaging conversations exchanging jokes with humour. The home encouraged people to maintain relationships with their friends and families. Visitors were attending the home regularly throughout the time of our inspection they came for short and longer visits and staff engaged with them positively during these times. Relatives told us they could visit at any time and they were always made to feel very welcome.

The registered manager demonstrated a high level of compassion to people as an example for staff to follow. For example she maintained contact with a person who had moved to another home painting her nails at this visit with her favourite nail colour and including her in a trip to a local park.

People told us they liked their rooms and that they found them comfortable and provided everything they needed. Bedrooms varied in the personal items on display, with some rooms containing individual memorabilia. Most rooms had photographs of family and/or older photographers of themselves at a younger age. People's bedrooms were seen as their own personal area and reflected individual interests. One person said "I was able to bring some of my bits and bobs from home. This chair is my armchair and my lace arm covers." Another said "Even the fella that does my drugs commented on my painting up there that

came from home. It's beautiful I love it, everyone does" This was important to people as this maintained a link to people's past lives.

People were supported to maintain their personal and physical appearance and to make choices about how they spent their time. People were dressed in the clothes they preferred and in the way they wanted. A hairdresser visited on a regular basis and people enjoyed this visit. People were able to spend their day as they chose. People spent time in the communal areas or in their bedrooms we saw staff checked on them regularly ensuring they did not require support or company.

All staff spoke kindly about the people they cared for and talked about respecting their privacy and dignity. They demonstrated a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive approach to their role. Staff respected people's own accommodation and did not enter rooms without knocking and permission to do so. One person told us "If I have visitors they ask me if I want my door closing and if I'm in the toilet you know no one's going to come barging in. They might just gently knock on the door to see if I'm alright. I like it because you feel like your room is really your own home space." Two senior staff had been identified as dignity champions and had been allocated further responsibilities to embed and reinforce best practice when promoting dignity in care. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra.

Good

Is the service responsive?

Our findings

People and their representatives were involved in deciding how their care was provided and felt staff knew them well. People received care that was personalised to their wishes and preferences. One person said, "I could have a shower anytime even midday if I asked for one." Staff responded to people's choice and accepted them. For example people chose how long they spent in their own company. This was important to people who enjoyed time on their own or found company difficult and could decide how they managed this. One person told us told "I only have to ask at any time and they will take me wherever I want to go." Another said "I prefer to be in bed, I just find it more comfortable and safe and I like being in my room so I only have myself to please and watch what I like on the telly." People felt their care and health needs were well attended to. For example one person said, "I can ring them anytime even in the night if I have any pain. I did last night and they gave me some of my morphine." This demonstrated that staff were responsive to people's changing needs. People and relatives told us there was a wide range of activities and entertainment that suited the varied needs of people.

Before people moved into the service a senior staff member carried out an assessment to make sure staff could provide them with the care and support they needed. Following this assessment the possible admission is discussed by the senior staff in the service to ensure a suitable placement and that the admission process is managed appropriately. For example ensuring all appropriate equipment and training is in place before admission. Where people were less able to express themselves verbally or they wanted less involvement people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned. One person told us "My daughter deals with all that sort of stuff I trust her to sort it all out."

The assessment took account of people's beliefs and cultural choices this included wishes surrounding people's death. Care plans were written following admission and updated as people's needs changed and on a monthly basis. One day a month was allocated to one person for a full review which was completed in consultation with all staff. Relatives all told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want. Care plans gave guidelines to staff on how to meet people's needs while promoting an individual approach. The care documentation was new and care plans were mostly detailed and supported staff to view people as individuals. Senior staff were aware that some care plans needed further attention and were progressing this. On the day of the inspection one registered nurse was working additional hours specifically on the care documentation. We found staff had a good understanding of people's specific care needs and responded to them appropriately. For example, one staff member told us "She was a pub landlady for years and had a tot of whisky so I make sure she can have her tot every afternoon.' This was recorded within her care plan so all staff understood this specific request. Another person had diabetes and staff were in contact with the GP to ensure the care plan reflected clearly what action to take in response to regular blood test monitoring. Care plans also had specific guidelines to care for people who were at risk from falling or were unable to use their call bells with records confirming hourly checks to be undertaken. Staff were regularly updated about changes in people's needs at handover and throughout the day. During the inspection we saw staff communicating regularly with each other. Staff listened to each other and shared information provided by visiting professionals with care plans updated

accordingly.

A range of activities were provided in Elstree Court Care Home which were active and responded to people's individual preferences and needs. A programme of activity was available and advertised within the home and included group activity with signing, quizzes and entertainment and individual activity which included visiting dogs that could be stroked and cared for. Special events were celebrated and included the recent birthday of the queen. A recent outing included the renting of a mini bus to go to a local park for a picnic and then tea at the Café. The service employed specific staff to organise and facilitate activities and entertainment and they worked as an important part of the team in the service. They knew people well and were attentive to people's individuality and differing needs and abilities. For example during our visit morning bingo was called by a person living in the home and the activity person was available and gave support to the other people in the group as they needed. Tea and coffee was served half way through the session and added to a pleasant activity for all involved. People were encouraged and supported to do what they wanted to do, and to continue what they did before moving to the service. For example one person always had lunch with friends on a Tuesday and another person continued to attend a Multiple Sclerosis support group each week. Those with more complex care needs were also attended to. For example one person did not engage and staff told us "We tried lots of different ways but nothing worked then we had some training and we realised personalised music with headphones worked. They were totally different and it was so much better for them. They thanked us and told us how much they loved it." People and records confirmed that they visited people who spent their time in their own rooms and recognised this was an important part of their role. One activities person said "I go and visit people in their rooms to see how they are and if they prefer to stay in their rooms they can still have activities like exercises or listening to specific music. Sometimes people just want to chat and I'm very flexible."

The service had a clear complaints procedure that was available to people and their representatives to use if they needed to. Leaflets on making complaints were displayed in the front entrance along with a suggestions box. Records confirmed that complaints received were documented investigated and responded to in a positive way. For example one complaint led to a full internal investigation being completed by the organisation staff then met to reflect on practice and to discuss what could have been done differently or in a better way. This showed that staff learnt and looked to improve practice in response to complaints.

People and relatives told us they would raise a complaint if they needed to and would approach senior staff in the service. One person told us "I'd tell them anything I'm not frightened to say to them." Relatives and visitors felt confident any issue they raised would be listened to and dealt with in a professional way. One relative said "I have not had any true complaints but anything I raise as a niggle or concern is dealt with immediately." Everyone knew how to make a complaint and told us they would speak to the registered manager, deputy or a registered nurse. Another relative said "She is well cared for and they meet and exceed all her needs, they are very caring. Whenever anything goes funny and we mention it, it is dealt with straight away. There are very few occasions when we have problems".

The registered manager confirmed along with relatives that regular contact with people and their relatives was maintained. Communication and systems for feedback were thought to be effective. Residents meetings and satisfaction surveys were also used to gain additional feedback.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were consistent in their positive feedback about the management of the service. They were confident that the service was well run and organised. The registered manager had a high profile in the home and was available to people their visitors and staff. People told us there was a nice atmosphere in the home that they were listened to and keep speak to all staff at any time. One person told us, "Everyone is approachable" another said "The managers are very friendly and the atmosphere is just as it is today, nice and calm." Relatives told us "It seems to be well led they are approachable and there are relatives meetings every three months and we can come in anytime and have a word and things are responded to," and "It is well run I ran a nursing home for 38 years and I know what to look for. I am happy and I am fussy." Visiting professionals were also positive about how 'friendly the home' was.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. We found some records had not been completed or maintained in a consistent way to support the care and treatment provided. For example the risk assessment completed for the safe use of bedrails had not been completed correctly. The decision process followed that ensured people were not restricted unnecessarily was not always recorded accurately and fully. Charts used to record the administration of medicines were not always clear as codes used and signatures were difficult to read and space to record changes in medicines and occasional use medicines was limited. Lack of clear and accurate records could lead to staff not following best care practice. These areas were identified as requiring improvement. The registered manager and deputy manager confirmed records relating to the MCA were to be reviewed along with the current MAR charts being used.

There was a clear management structures in place at Elstree Court Care Home that staff were familiar with. This included head of departments that supported the registered manager who had an overview of the service and care as a registered nurse. There was a deputy manager who took a lead on clinical care and managing the nursing and care staff. Staff were aware of the line of accountability and who to contact in the event of any emergency. There was on call arrangements to ensure advice and guidance was available every day and night if required. Staff and the registered manager gave examples when she had come back into work when off duty to support the staff through difficult decisions and to support relatives. For example a relative had telephoned the registered manager and requested her to visit someone who had been admitted to hospital. She responded to this request immediately to provide support despite being off duty and enjoying her day off at a local gym.

All staff were aware of the whistleblowing procedure and said they would use it if they needed to. Staff said they felt well supported within their roles and said they could talk to the registered manager, the deputy manager and the registered nurses within the service. The registered manager fostered an open, relaxed rapport within the home at all levels. Staff and people appeared very comfortable and relaxed with her and approached her freely. One staff member said "The manager is very good; they are fair and have the right balance and gives us the benefit of the doubt. If there was an issue with quality we could go to management and they would sort it out." There were systems to provide staff with regular supervision and appraisals and

staff told us these were useful sessions which were used to develop staff and to give them an opportunity to raise any issue directly with a senior member of staff. These meetings were also used to talk about the vision for the organisation and to share the benefits of working for BUPA.

Systems for communication for management purposes were well established and included a daily meeting with the senior staff and a daily management check around the service both of which were documented. All care staff attend a handover meeting so staff changing shifts shared information on each person. The service worked in partnership with key organisations to support the care provided and worked to ensure an individual approach to care. Visiting health care professionals were positive about the way staff worked with them communicated with them and ensured advice and guidance was acted on by all staff. For example one nurse specialist told us treatment plans followed ensured skin pressure damage had healed.

There were a number of quality auditing systems in place these included a variety of audits and feedback mechanisms from people and relatives. The organisation was implemented a new quality system to strengthen and evidence the quality assurance measures in place. Feedback from people and staff was used to improve the service. The provider sought feedback from people and those who mattered to them in order to enhance their service. This was facilitated through regular meetings forums satisfaction surveys and regular contact with people and their relatives. Feedback within surveys included a request to improve the gardens which was being progressed as a direct response to improve the service. Meetings with people were used to update people on events and works completed in the home and any changes including changes in staff. People also used these meetings to talk about the quality of the food and activities in the home.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.