Avery Homes (Nelson) Limited

Elvy Court Nursing Home

Inspection report

200 London Road
Sittingbourne
Kent
ME10 1QA

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26 July 2016
27 July 2016

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25 October 2016

Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

The inspection took place on 26 and 27 July 2016. The inspection was unannounced.

Elvy Court nursing home was registered to provide nursing and personal care services for up to 55 people. There were 53 people living at the home on the day of our inspection.

Elvy Court nursing home was a purpose built home with nice gardens and a parking area at the front. There were two floors in the home providing nursing care to older people with varying needs. People with complex general nursing needs were cared for on the ground floor and people living with dementia were cared for on the first floor. All rooms had en suite toilet and vanity basin facilities. The entrance and reception area was light and airy with a 'bistro' offering a hot drinks machine and tables and chairs with easy access for people and visitors. There were various seating areas around the home, with some areas designed to be 'quiet' lounges. A spacious lounge on the ground floor led out onto a large, very pleasant private garden where people could sit when the weather was fine.

We last inspected the service on 15 June 2015. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to Regulation 10, Dignity and respect; Regulation 11, Need for consent; Regulation 12, Safe care and treatment; Regulation 17, Good governance and Regulation 18, Staffing. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the regulations.

At this inspection we found that the provider had taken action to address the breaches from the previous inspection and had made many improvements to the environment and the service provided. However there continued to be areas for concern around the safe management of people's medicines. We made a recommendation about this.

There was a registered manager based at the service who had taken her post after the last inspection. 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.

People and their relatives told us they felt safe living at the home. They told us who they would speak to if they were worried about anything and were confident they would be listened to. We spoke to staff who were able to tell us how they kept people safe. They understood their responsibilities in ensuring people were safe from abuse and their role in reporting any concerns they had.

There were suitable numbers of staff to be able to provide the nursing and personal care people had been assessed as needing. Registered nurses were employed to provide the professional expertise required to respond to people's often complex care needs. Care staff were not expected to undertake cleaning or

cooking duties as experienced chefs and domestic staff were employed. This meant care staff concentrated on providing the care people required. Safe recruitment processes were used when employing new staff to make sure only suitable staff were employed to work with people.

The registered manager had a training plan in place and all staff received the training they required to carry out their role well. The registered nurses were supported by the provider to undertake training to ensure their professional development continued in order to keep their registration up to date.

People's nursing and care needs were assessed before moving into the home by the registered manager and nurses to make sure they were able to cater for their individual needs. Following assessment, the nurses developed a care plan to record how to provide person centred care, taking into account people's individual preferences and choices. We found that some care plans, particularly for those people who had a high level of nursing and personal care needs, did not provide the level of detail required to be confident all staff knew how to support people well. We noted that the registered manager had already identified this and had taken action to address the concerns.

Registered nurses assessed people's needs and identified risks, putting measures in place to manage these. Some individual risk assessments provided only basic information. Risk assessments needed to be more robust to provide safe, person centred care, essentially for people with very complex nursing care needs. We made a recommendation about this

One activities coordinator was newly in post and another had recently been appointed and was due to start their new role within two weeks. There were activities for people to take part in if they chose. These were planned ahead and people were given information so they were able to decide if they wanted to join in. Those who were ill and being nursed in bed were visited by the activities coordinator and the staff to help prevent social isolation. More opportunities would be on offer when the newly appointed activities coordinator joined the home.

Complaints were investigated and responded to well as were accidents and incidents. The registered manager and the provider took the opportunity to learn from complaints received and incidents that had happened to be able to improve the service provided.

The property was maintained to a good standard. The provider had embarked on a whole refurbishment project which was still ongoing and due for completion in December 2016. The environment had been vastly improved which was appreciated by people, their relatives and the staff.

Surveys were carried out each year to gain the views of people, their relatives and staff. The provider carried out an analysis of the results in order to provide feedback and to make improvements where necessary.

The provider had a range of auditing processes in place to be able to monitor the quality and safety of the home. People, their relatives and the staff thought the home was well run and the registered manager was approachable and supportive. People and staff said the registered manager was present around the home many times a day and knew people and staff well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were generally managed well. Some issues identified were being dealt with by the registered manager.

Individual risk assessments were in place, however these were not always comprehensive or person centred.

There were appropriate levels of staff employed to provide the care people required to make sure they were safe.

Staff could describe their role and responsibilities in keeping people safe.

Safe recruitment practices were used by the registered manager to ensure only suitable people were employed to work with people.

Is the service effective?

Good

The service was effective.

The nurses were supported to maintain their registration by having the training required to continue their professional development. Staff received the training required to equip them to provide good care.

The registered manager was guided by the principles of the Mental Capacity Act 2005 to make sure people's right to make choices and decisions were adhered to.

Peoples nutritional and hydration needs were catered for, and monitored by nurses with the expertise required.

People's complex health needs were looked after by professional qualified nurses who liaised well with other health care professionals.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the staff and the care they received.

Staff were smiling and spoke about how much they enjoyed their work. Staff were comfortable to sit and chat with people.

The home had a relaxed and positive atmosphere. There were many areas in the home for people and their visitors to sit.

People were treated with dignity and respect and staff could describe how they made sure this happened.

People were supported and encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Nurses undertook an initial assessment with people to establish their nursing and care requirements before moving into the home.

People and their relatives were involved in developing a care plan to describe the care and support they required and how they wanted this done.

Complaints were investigated and recorded. A process was in place to monitor these in order to learn lessons.

Is the service well-led?

Good

The service was well led.

Good feedback was received about the provider and the leadership of the registered manager.

Surveys had been carried out to gain feedback from people and their relatives. The results had been analysed and fed back through relatives meetings.

A robust auditing programme was in place, monitoring the quality and safety of the service provided.

Elvy Court Nursing 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.

The inspection took place on 26 and 27 July 2016 and was unannounced. The inspection team consisted of one inspector, one specialist nurse and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with six people who lived at the home and six relatives to gain their views and experience of the service provided. We also spoke to the registered manager, the provider's regional support manager, two nurses, two senior care workers and six other ancillary staff.

We spent time observing the care provided and the interaction between staff and people. We looked at six people's care files and six staff records as well as staff training records, the staff rota and team meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection on 15 June 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in this area. Two breaches were in relation to Regulation 12, safe care and treatment and one breach in relation to Regulation 18, staffing. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations. At this inspection we found that the registered provider had implemented their action plan and improvements had been made to the deployment of staff and the assessment of risk. We found there were still some issues around the management of medicines.

Many elements of the management of medicines within the home were managed well. These included safe storage and security, the method of dispensing, the management of controlled drugs and the use of 'as and when necessary' (PRN) medicines. There were some areas of concern. Some people's medicines had ran out the day before our inspection and had still not arrived in the home. For example, one person was prescribed paracetamol to take when necessary (PRN) for pain relief and there was no paracetamol in stock for that particular person. Another person was prescribed an anti-depressant medicine and they had not received it for two days running because there was none left in stock. The medicines administration record (MAR) had not been recorded correctly to state why the medicine had not been administered. We were told that the out of stock medicines had been chased up with the pharmacy on more than one occasion. The nurse on duty had again contacted the pharmacy on the morning of our inspection and she was assured the medicines would be delivered that day. We spoke to the registered manager about this who agreed the home had experienced difficulties with the pharmacy they were currently using and she had been considering changing the supplying pharmacy.

The MAR charts were routinely not signed in respect of the application of topical skin creams. The MAR charts stated 'apply as directed' and the nurse or senior staff member administering the medicines recorded 'see separate sheet'. When we looked at the 'separate sheet' in the relevant person's room we found the sheet contained many gaps indicating the creams had either not been applied, or had not been signed for by staff. Documentation was not clear how to administer some prescribed medicines. For example, an anti-inflammatory cream was prescribed for one person. The MAR chart stated 'apply to the affected area', however there was no record of where the affected area was within the medicines records. This meant an agency nurse who did not know the person well needed to leave the medicines round to check where they needed to apply the cream. We spoke to the registered manager about the issues identified who told us she was aware there was a problem with the documentation of skin creams and showed us a revised recording template she planned to implement to remedy the issue.

We recommend the registered manager considers current best practice and guidance regarding the safe ordering of medicines and the applying and recording of prescribed topical creams.

People said they thought Elvy Court was a safe place to be. One person told us, "I would say I'm safe here", and another person said, "Yes, the staff keep me safe and secure". Most people also knew who they would talk to if they had any concerns or worries to report. One person said to us, "If I had a problem with anything,

I'd speak to the manager about it". People's relatives generally thought their loved ones were kept safe. One relative said, "I feel comfortable with all the staff".

The provider's service user guide gave comprehensive information to people and their families about safeguarding vulnerable adults from abuse. A confidential helpline number people or their relatives could choose to contact if necessary was included. The guidance and advice staff would refer to about abuse if they had a concern to report was available through a safeguarding procedure. Staff had a good understanding of their responsibilities in keeping people safe from abuse. All staff said they would have no qualms raising any worries they had and they were aware of who to contact outside of the organisation should this be necessary. Staff were encouraged to report suspicions as quickly as possible and had the information available to them to help keep people safe from abuse.

Nurses identified risks to the individual, assessing the risk and how to manage it. For instance, moving and handling risk assessments recorded the activity and what measures needed to be put in place to carry out the task safely. Although risk assessments were at times comprehensive with step by step guidance for people and staff, at other times only basic risk assessments were in place. For example, people who had breathing difficulties, requiring oxygen therapy to alleviate their symptoms. All the hazards associated with oxygen stored within the home were assessed and the measures put in place to minimise the risk to people, staff and visitors were documented. However, only basic risk assessments that were not person centred were in place to support the management of an individual's breathing and circulation. Ensuring risk assessments focus on the individual is crucial in keeping people safe from harm.

We recommend the service finds out more about training for staff, based on current best practice, in relation to developing person centred risk assessments.

The registered manager made sure people had an individual personal emergency evacuation plan. This detailed the assistance each person required to be able to evacuate the building safely should a fire break out or other emergency situation take place. The provider had a business continuity plan in place to provide guidance for staff what to do and who to contact if an emergency situation arose affecting the care and support provided to people.

Environmental risk assessments were undertaken to manage risks associated with the premises and environment. A fire risk assessment had been carried out to ensure safe equipment and processes were in place to prevent a fire on the premises. The servicing of fire equipment and alarms had been undertaken and were all up to date. A fire evacuation procedure was detailed and easy to read in a semi pictorial format, outlining staff responsibilities during an evacuation. A 'fire evacuation grab bag' was also available in the reception area with all the important information needed if such an emergency were to occur. The registered manager helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that may pose a serious risk.

The property was maintained to a good standard and was clean and welcoming. All essential servicing had been carried out to ensure the safety of the building and equipment. These included portable appliance testing, servicing and testing of electric installations and gas safety. The registered manager told us that the home was in the middle of a whole refurbishment programme. A staff member told us, "The home looks great now, we are all so pleased". Contractors were in the process of decorating and changing the flooring of two bedrooms at a time, keeping disruption to a minimum. All bedrooms had en-suite facilities with a private toilet and sink. All bathrooms had been refurbished to a good standard.

Accidents and incidents were recorded well and logged on to the provider's central recording system to

enable review at senior level within the organisation. An analysis of all reported incidents during the month was produced. Each month's figures were monitored so lessons could be learned and action plans and systems put in place to reduce risks identified. For example, where falling over had been identified as happening more often at certain times of the day or days of the month.

There were sufficient nurses and staff to provide the care and support required by people living at the home. The registered manager ensured that the appropriate levels of staff were available in each area of the home. One registered nurse and four care workers cared for people on the ground floor and two registered nurses and six care workers cared for people on the first floor throughout the day. A team of domestic staff were responsible for the cleanliness of the home. Specific laundry staff were employed to wash and iron all the laundry in a well-equipped laundry room. A team of kitchen staff managed all the catering requirements within the home. Administration staff supported the management team with clerical responsibilities.

New staff went through an interview and selection process. The registered manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. Registered nurses were required to prove their qualifications by providing their PIN number so the registered manager could check their registration with the nursing and midwifery council (NMC). All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

Good

Is the service effective?

Our findings

At our previous inspection on 15 June 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this area. The breach was in relation to Regulation 11, need for consent. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations. At this inspection we found that the registered provider had implemented their action plan and improvements had been made. Mental capacity assessments had been undertaken in order to support people with choice and decision making. Staff had received training in relation to the Mental Capacity Act 2005 (MCA). They understood how the basic principles applied to people and their role in caring for people

Dining areas were pleasant with enough seating for anyone who wanted to sit at the table. People had a choice if they wanted to eat in their rooms. People told us the food was generally good with two meals to choose from, however they could request something different if these were not to their liking. One person said, "The food is nice, we can have an alternative if we don't like the menu", and "I've always got plenty to drink". Another person told us, "The food's good. I asked for sausages and they got them for me".

New staff had induction training before starting in their new position and had a period of shadowing more experienced staff members until they felt confident they knew how to support people well. One staff member said, "I am very happy here. The induction was very good, I learnt a lot". The provider had a training schedule in place and this showed that staff had all the relevant training for their role with updates as necessary. Where specialist training was required, for example, to support people living with dementia or mental health needs, training was provided. Staff were encouraged to take part in other training opportunities. For instance, the registered manager had selected staff to train as in house trainers so they were able to provide training such as moving and handling and infection control. A qualified trainer from the provider's head office carried out observational assessments with the in house trainers to ensure their training techniques remained effective. Registered nurses were supported to maintain their registration by attending the necessary training to continue their professional development. This meant they remained up to date with current methods, refreshing their knowledge at regular intervals. Registered nurses and staff told us the training was very good. One staff member said, "They are very hot on training. The expectation is that you must attend".

The provider had arranged for a cross section of staff, including the registered manager, the deputy manager and two care workers to attend an innovative specialist dementia training day. All attendees gave great feedback and told us this was the best dementia training they had attended.
They said they had come away enlightened and with more awareness of people's experience at Elvy Court, such as being more aware of individual people's surroundings and reducing noise disturbances. The regional support manager told us the provider had such good feedback from everyone who attended, across their homes, that they were planning on bringing the training to all staff in Elvy Court.

Staff were supported by having regular one to one or group supervision with their line manager. However, the supervision sessions were quite basic and standard across all staff rather than individual with personal

discussions. We spoke to the registered manager about this who said she would ensure the structure of staff supervisions changed to become a two way discussion and personal development opportunity. Staff felt they were supported well, one member of staff told us, "I love it here, I get really good support". Staff had been given the opportunity to progress in their career, for example, being promoted to senior care workers or other positions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed that decisions had been made in their best interests. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People told us they made their own decisions and felt free to do so. One person told us, "I don't feel stuck to a programme, I can go to bed when I want". People's rights, consent and capacity were assessed on admission as part of the care planning process and within the principles of the MCA. Mental capacity assessments had taken place and the appropriate care plan was in place dependant on the outcome of the assessment. People's individual level of need around making decisions was explored with them and their family members. People's care plans stated that people were able to make their own decisions. Where people wanted family members involved with more complex decision making, this was recorded. A relative told us, "We are involved in the decisions needed for Mum".

Registered nurses made sure that assessments took into account people's nutritional needs. People were weighed each month and the registered nurses calculated their BMI to be sure a healthy weight was maintained. Any concerns could be picked up quickly and acted on, such as monitoring more closely using food and fluid charts. The chef and kitchen staff were aware of the nutritional needs of people and their dietary requirements. In addition they had a list detailing people who required puree, diabetic or soft diets.

The registered manager had changed how staff supported people living with dementia to make choices at mealtimes. The kitchen staff had moved away from written menus to an individual approach. For example, telling people what the choices were, or showing meals in picture format. The objective was to enable people to better understand the choices available. We saw that there were enough staff to sit with people, encouraging and interacting throughout the meal time. Tables were set with tablecloths, cutlery and glassware providing a pleasant dining experience. People could eat in their room if they preferred not to use the dining area. Each dining area had a small well equipped kitchen so hot drinks could be made for people when they wanted. Snacks and fruit were available in the lounge areas, encouraging people to eat when they were hungry.

People told us they were satisfied with how the nurses and staff looked after their health care needs. One person told us how the nurses had helped them to understand their condition. They said, "They got me books about Parkinson's disease". A family member said, "She is diabetic and they do check her bloods. If she is unwell, the nurse does all the tests". Elvy Court registered nurses worked closely with other health care

professionals to support people to maintain good health. For example, respiratory nurses were involved to enhance the care given to people with severe breathing conditions. Health care professionals such as the GP, the dietician or speech and language therapists (SALT) were referred to regularly. The registered nurse in charge of each floor used well recognised tools available to assess and monitor all aspects of people's health to maintain good health and well-being. All appointments and contact with health professionals were recorded detailing the contact made and the advice and guidance given.

People at risk of developing pressure sores due to ill health and deteriorating mobility were routinely assessed and monitored by the registered nurses to ensure their skin was healthy and intact. Where concerns were raised, plans were in place to treat and prevent further deterioration.

Good

Is the service caring?

Our findings

At our previous inspection on 15 June 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this area. The breach was in relation to Regulation 10, dignity and respect. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations. At this inspection we found that the registered provider had implemented their action plan and improvements had been made. We found that people chose whether they left their room door open or preferred it closed. We saw that staff always knocked before entering someone's room and always spoke to people when entering.

Staff were respectfully attentive towards people, spending the time to sit and chat without rushing them. The atmosphere in the home was pleasant and relaxed. People told us they got on well with all the staff and said they were kind to them. One person said, "The staff are great, I always have a laugh with them", and "They are kind to me". Another person told us, "On the whole, the staff are extremely kind, pleasant and I do get to know them". Relatives told us they were happy with the care staff gave to their loved one. A family member said, "The staff are caring and affectionate. We are quite happy with the care she gets". "We feel very welcome here".

Staff clearly knew people well and could speak with knowledge about the people they cared for. Staff were sitting chatting with people and playing games with them individually through the day. There was a lot of chat and banter between people and staff. Registered nurses spent time talking to people when they were administering medicines, not rushing, and taking the opportunity to check people were alright. Staff were spending time with people, talking to them with care and respect, asking what they wanted to do and how they could help.

Care plans included people's life histories that were detailed, telling a story of people's lives so far including who was important to them, where they lived and what their job and interests were. One member of staff said, "I really like working here. I like it that we can chat and get to know people, they have great stories to tell", and "We get to know families really well too". Another staff member told us, "People get to trust you as you know how they like things done. We have good banter with people". People and their families were involved in decisions about their care. This was evident through the care plans and reviews as well as the resident and relatives meetings that were taking place. A relative told us, "We had an in depth review of mum when she came here", and "We are party to her reviews and sign them off".
A comprehensive service user guide was given to people and their relatives either when they enquired about Elvy Court or when they first moved in. This gave people all the information they would need to know about the home, how it was run and what to do if they had concerns.

One floor of the home was dedicated to caring for people living with dementia. Much of this floor, called memory lane, had memorabilia that people may have recognised and been familiar with from when they were younger in age. For example, a whole new open lounge area had been refurbished to a high standard, providing a 'retro' sitting area, with furniture reminiscent of the 1950's and 1960's. The lounge was popular with people to sit in and to use as a stopping off area while walking around. There were a number of lounges

around Elvy Court so people had a choice, for example, a 'purple lounge' was considered as a quiet lounge for people to sit. A cold drinks dispenser was available within each lounge so people could get themselves a drink whenever they wanted and staff could help those who needed it.

A large, pleasant garden was accessible to people, with garden chairs to sit out in good weather. Plans were in place to improve the garden further as part of the refurbishment programme. A larger patio area and raised flower beds were planned.

People were treated with dignity and respect throughout the day. People's preference around the gender of staff supporting them was documented to make sure their privacy and dignity were respected. Staff knew people well and spoke to them appropriately and in the way they would understand best. Staff bent down speaking to people quietly asking how they were and if they needed anything. At other times, staff were having a laugh and a joke with people. Everyone we spoke to said they were treated with respect by all members of staff. The family members we spoke to told us the same thing. People's care plans guided staff to always make sure people knew what staff were going to do before they did it. One person told us, "They do explain what they are about to do".

Peoples were supported to maintain their cultural and religious needs where possible. Care plans were in place detailing what was important to people and what support family members or the staff could give. For example, one person who was roman catholic and unable to go to church had recorded in their care plan they liked to wear rosary beads at all times and would like a priest to visit occasionally.

Care plans focussed on promoting peoples independence as much as possible to maintain dignity and well-being. Time was given to people to do as much as possible for themselves. One person told us, "I need my frame to get around. I'm pretty independent, there is no pressure from staff".

Good

Is the service responsive?

Our findings

People generally thought there were enough activities to get involved in if they wanted to. Some people went out to the local pub or bingo with the staff and others went out with their family members. One person said, "There are activities here for people", and "They take a few of us out for a drink". Another person told us, "There is enough entertainment", and "I go out with my son sometimes".

Care plans included information about people's interests and whether they preferred to join in group activities and spend time with people in the lounge or whether they enjoyed their own company, spending more time in their room. A 'typical day care plan' was in place for each person, outlining their individual preferences about how they liked to spend their day.

The provider had a new activities coordinator in post and another had just been appointed and was due to start in their role within two weeks. The new activities coordinator had started working on individual activity plans but was planning to spend more time on this once the new activities coordinator was in post to help her. A weekly activity timetable was in place for people to see what was on offer to decide if they wanted to take part. The activities coordinator spent time visiting people in their rooms to give one to one support, however she was looking forward to the new activities coordinator starting in post to increase and develop this further. Until the activities team was at full strength, staff were supporting people with their interests to avoid social isolation. External activity providers visited the home on a regular basis to support people with activities such as musical and exercise themed programmes. One person told us, "Some of us go to the local pub down the road". There were also regular trips to a local bingo club which some people looked forward to and enjoyed.

The provider had built a high quality cinema room as part of the refurbishment plans. The cinema was receiving the finishing touches on the days we inspected. A very large cinema style flat screen TV was installed on the wall. Six cinema style 'luxury' chairs were in place with small tables for drinks and snacks by each chair. The room was sound proofed with blackout blinds on the windows and surround sound speakers were installed. The cinema was available for people and their family members to use. By the end of the day, people were sitting watching a newly released DVD, thoroughly enjoying the experience.

There was a well-equipped hairdressing salon near the reception and front entrance area where people could make an appointment to have their hair cut and styled. Some people were enjoying having their nails painted by the activities coordinator after their hair appointment.

The registered manager and/or the deputy manager carried out an initial assessment with people so they could be sure Elvy Court was able to meet their assessed needs. Where people had complex nursing needs, the deputy manager, who was a registered nurse and had clinical lead responsibility at the home, made sure the nursing team had the expertise to care for the individual. The assessment covered all aspects of the nursing and personal care required by the person as well as their social and emotional needs.

Nurses wrote the care plans, involving people and their family members to capture the care people needed

and how they liked to be supported. We found that some care plans were comprehensive, covering all aspects of peoples nursing and personal care needs and focussing on their abilities and the things that were important to them. However, we found that others did not have the detail required to provide the guidance required by care staff to provide good care. One person, with highly complex nursing and personal care needs requiring expert care and attention, had quite basic care plans and risk assessments that did not give the level of individual detail required. For example, when staff used a hoist to help the person move from bed to chair, there were no personal detailed instructions on how to move them safely and with the least discomfort. Or when delivering a very important element of personal care to prevent sore eyes. The care plan simply stated 'daily eyelid care' with no specific guidance or actions of how the care should be delivered. The staff did not appear to be sure exactly how to do this as the person's eyes looked sore and crusty and staff commented that they always looked like that. The care plan stated the person was 'unable to make their needs known'. Detailed and person centred care plans for each clinical and nursing assessed need should be available for care staff to follow at all times. We spoke to the registered manager about these individual concerns and she agreed to address the guidance within the person's care plan straight away.

Care plans were generally reviewed regularly to make sure the care and support given remained appropriate and relevant. However, some people's care plans had not been reviewed when a change in need had occurred. For example, one person had recently spent a period of time in hospital and their health had declined to a degree where they were not as mobile as they had been previously. Their care plan had not been reviewed although the changes were quite significant. For instance, they had previously enjoyed spending their days in the lounge, socialising with others and were not able to do this following discharge from hospital. Their care plan needed to take this into account to avoid the risk of social isolation. We spoke to the registered manager about this and she agreed that the care plan did not reflect the changes as a comprehensive review had appeared not to have taken place. She made sure the nurse in charge rectified this.

We spoke to the registered manager about the concerns we had with some people's care plans, particularly those with a high level of nursing care needs as illustrated above. She told us that gaps in knowledge and skill in this area had already been identified and she had arranged additional training for staff. We saw that care planning and review training was booked for August 2016.

People were given information about how to make a complaint when they first moved to the home as details were available within the service user guide. One person said, "I've never had to make a complaint, but the manager is here most days and she seems OK so I would probably tell her". Another person told us, "I've only complained about the sausages, and they sorted it". All complaints received were recorded well and an investigation was carried out to look into the issues raised. The registered manager responded to the complainant within the timescales set by the provider and an action plan was put in place where improvements were required. Many compliments were received from grateful people and families. All compliments were kept in a file available to share with staff. Comments included; 'Thank you for all the care, compassion and thoughtfulness you showed dad during his stay', and 'I am especially grateful to all the staff for making me feel good to be here'.

A residents meeting had been held earlier in the year where a group of people attended and a few relatives to support their family members. The agenda was also taken to people who were nursed in their room and not able to attend the meeting to gain their views and feedback. Items discussed included; an update on the refurbishments, menu planning, activities on offer and suggestions for future planning. The registered manager also encouraged a discussion on people's views of the quality of care provided. All people present gave positive comments. A relatives meeting had been held the day before we visited and 35 relatives

attended. The registered manager told us she had been employed in her role for less than one year and previously very few or no relatives had attended meetings. She said this was an achievement as she felt she had increased the involvement of people and their relatives in the home since she took up post.

A resident and relative's survey had been sent out in May 2016 and the provider had produced a report of the results at the end of June. The registered manager had taken the opportunity to discuss the survey report at the most recent relatives meeting. She fed back in detail the results of the survey, sharing the action she intended to take for the areas that required some improvement.

Good

Is the service well-led?

Our findings

At our previous inspection on 15 June 2015 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in this area. The breach was in relation to Regulation 17, good governance. Following the inspection the provider sent us an action plan to show how they intended to improve the service and meet the requirements of the Regulations. At this inspection we found that the registered provider had implemented their action plan and improvements had been made. The registered provider was refurbishing the home completely to improve the environment. The staff thought the provider had been supportive and responsive. Robust auditing systems were now in place to monitor the quality and safety of the home.

Most residents and relatives were very complimentary about the registered manager and the management of the home and said the manager was visible and approachable. Almost all thought the management team would listen to comments and try to sort issues out. One person told us, "The manager does come round, every day". Another person said, "I feel the manager is a quality carer". A family member said to us, "We see the manager and she always stops for a chat", and "She is an approachable person". Another relative told us, "She (the manager) does come round for a chat", and "She seems to be a good manager, she's approachable".

The registered manager had worked at the home for a little less than a year and staff also spoke highly of her and told us there had been many improvements since then. Staff described her as very approachable and said they would have no qualms in raising concerns with her if they had any. One registered nurse said, "The registered manager is very hands on. She is often out walking around the home speaking to people and families. She likes to know what is going on". Another staff member told us, "The registered manager is really good, she is a great manager. It is good that she has worked her way up as she really understands. She always listens and acts".

The registered manager knew the people living in the home very well and walked around the home many times through the day. Staff told us the registered manager would often help out if needed and would readily assist people when she was walking around chatting to people. One staff member said, "The registered manager is fantastic, I see her every day and would speak to her about anything". The registered manager said she was able to carry out her role well because she actually got involved in people's care, working alongside the staff at times so was confident she knew what was going on in the home.

A residents and relatives survey had been sent to people in May 2016. 49 surveys had been sent and 24 had been returned, a response of 49%. The provider had collated all responses and provided a comprehensive analysis of the results. Responses were generally very positive, for example, 50% said they would highly recommend and 35% said they would recommend Elvy Court to a friend or relative. The provider had produced an action plan for the registered manager and staff covering each area where improvement was felt necessary.

A staff survey had been sent to all staff in July 2016 and had not yet reached the final date for return so

results were not available.

The registered manager held regular staff meetings, about every two months and the attendance of staff was very good. The staff meeting minutes evidenced constructive meetings where the registered manager used the opportunity to coach staff and remind them of the standards expected of them when working in the home. For example, encouraging staff to sit and chat with people, including mealtimes and when people were staying in their rooms. Positive comments were also made by the registered manager to the team for their hard work and commitment since she took up post. One staff member spoke up at the staff meeting in April 2016 to say staff found they did not find they had the time to give people the care and attention they required before lunch. The registered manager said at the meeting she would look into getting one more member of staff. We saw evidence that this had since been agreed. The nurses had a separate meeting where items more relevant to their leadership role were discussed, such as care planning and risk assessments.

Daily '10 at 10' meetings were held with the registered manager and each head of department. Each staff member at the meeting fed back what they had planned that day. The registered manager was able to update them on planned admissions, discharges and if anyone had a birthday for example. Poor practice was highlighted and shared and staff sickness was discussed. The meetings aided good communication throughout the home as each staff member attending was tasked with feeding back to their team.

The registered manager told us that the support from the provider was very good. She said her line manager visited the home regularly and was very involved in the home, she knew people and staff well. One staff member said, "I wasn't too sure about the new provider taking over but it is working out good". Another told us, "I am very happy with the provider, it is a good working environment now since all the refurbishment has been done". The kitchen staff told us, "The quantity and quality of food are better".

The provider had a quality assurance programme to ensure the home was providing a good quality and safe service. A planned timetable was in place for the year, developed by the provider's senior management team, to undertake a range of audits. The registered manager sent key information to the provider's head office once a month via their electronic monitoring system. For example, pressure sores, weight loss and nutrition, complaints and compliments and accidents and incidents. This enabled the provider to monitor key information, look at trends and provide guidance and action where necessary. The provider set a timetable of monthly audits for the year that the registered manager must adhere to. Checking all areas of care, for example; care planning, nutrition, infection control and medicines administration and management. The regional support manager undertook a separate planned audit once a month, recording their findings and setting an action plan for improvements to be made. Their remit was to look at all aspects of the home environment. Every two months staff from different departments within the providers head office visited to undertake further audits, including financial documentation and policies and procedures. Health and safety audits were undertaken every three months by the head of the relevant department within the home. For instance, maintenance, the kitchen, and the housekeeping departments undertook their own audit. A senior management team from the organisation visited once a year to undertake a fully comprehensive audit of all areas of the home. An action plan identified following the visits ensured the registered manager and her team made the improvements required.