

Ramond Limited

# Elsinor Residential Home

## Inspection report

5-6 Esplanade Gardens  
Scarborough  
North Yorkshire  
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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Elsinor Residential Home is a residential care home that is registered to provide accommodation and personal care for up to 35 adults and people living with dementia. At the time of the inspection there were 16 people living at the service.

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

People Living at Elsinor Residential home did not receive a safe, well led service. Infection control procedures were not followed, and people were exposed to this risk of infection due to the poor infection control practices of staff.

Care plans and risk assessments did not contain information to provide the safe care and support people required. Risk management was not in place for some people who were at high risk of developing a pressure ulcer. Where risk assessments were completed, they had not been updated in over six months, despite the person's needs changing.

Systems were not always implemented to ensure the effective management of medicines. Staff who were administering medication were not trained and did not have their competencies checked to ensure correct procedures were followed.

Incidents were not always escalated appropriately by the registered manager or reported to the safeguarding authority. A number of safeguarding concerns, relating to pressure area care and delays in requesting professional intervention, were identified by the local authority.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The registered manager was not present at the service. The provider had a lack of oversight of people's basic care needs and the governance of the service. Systems or processes were not established and operated effectively to ensure compliance with regulations.

A registered manager from another service within the provider group was providing support to the service. They failed to monitor and assess the quality and safety of the service or the welfare of people. Staff did not receive effective support from the management team and lacked understanding of their roles and the principles of providing high-quality care. The lack of robust management meant there was no consistent oversight of the service.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 31 October 2019) and there were two breaches of regulation. The service has been rated requires improvement for five consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

### Why we inspected

We received concerns in relation to poor management of infection control, pressure area care, and weight management, poor record keeping and the overall management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elsinor Residential home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing risks, staff training and support, meeting people's care needs and improving the quality of the service at this inspection.

Because of the serious concerns relating to people's welfare and safety we have taken enforcement action to prevent the provider from operating a regulated service at this location.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Elsinor Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Elsinor Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. In addition, we spoke with five members of staff including,

the supporting registered manger from another service within the provider group, the care manager, senior carer, administrator and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records which included people's care records, monitoring charts and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and quality assurance records. We spoke regularly with other professionals who were visiting the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider seeking advice and support from a reputable source about risk management. The provider had not made improvements.

- Systems were not in place to monitor risks to people.
- Where risks had been identified staff did not follow best practice guidance to minimise these risks. People had been moved into different rooms because the lift within the service had broken. The equipment they needed to reduce risks, such as pressure relieving mattresses, had not been moved with them.
- Care plans and risk assessments were not always in place, up to date or did not contain basic explanations of the control measures for staff to follow to keep people safe. For example, there were no care plans in place for one person's pressure area care and risk assessment for three people which had not been updated in over six months.
- Risk management in relation to the national pandemic of Covid 19 was ineffective. People were put at risk as the provider failed to ensure COVID 19 guidance was implemented and followed by staff.

The failure to adequately assess, monitor and reduce risks to people's health and safety is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- Staff did not follow safe infection prevention and control practices or follow up to date Covid 19 guidance. For example, staff were seen incorrectly wearing personal protective equipment (PPE) and did not wash their hands or change their PPE between contact with different people or the environment.
- Waste bags with used PPE were left in communal corridors, exposing people to the risk of infection.
- Clean PPE was stored in communal areas which was accessible to people, increasing the risk of contamination.

The failure to prevent and control the risk of infection is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not managed safely.
- Staff have not received medicine training or had competencies assessed to ensure correct administration

practices were being followed.

- People who were prescribed medicines to manage their pain relief were not given these when needed. For example, one person had fallen which had resulted in a fracture. This person was not offered any pain relief to support with the pain they were experiencing.
- Protocols were not always in place to guide staff on when to use medicines, which were prescribed for use 'as and when required.'.

The failure to adequately manage robust medicines systems and practice was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and staff were at risk of harm due to poor information recorded in people's care plans and lack of risk assessments in place.
- The service had not reported concerns to the local authority: Staff lacked understanding of how to protect people from the risk of harm.
- Accidents and incidents were not routinely reviewed.
- There was no formal system or process in place that ensured each safeguarding concern, accident or incident was reviewed and monitored to make sure appropriate action was taken promptly.

A failure to ensure systems and processes were in place and protect people from abuse was a breach of Regulation 13, (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Sufficient staff were available, but staff were not always skilled and knowledgeable of individual's needs.
- The provider failed to ensure managers and staff had adequate knowledge of the service and risks to individual's health and wellbeing. For instance, staff did not receive the appropriate training or have opportunities to develop their skills and knowledge.
- The provider failed to ensure they had a systematic approach to determine the number of staff and range of skills required.

The provider failed to ensure suitably qualified, competent, skilled and experienced staff were deployed at the service to meet the needs of people using the service and keep them safe at all times. This is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment procedures were in place. At the last inspection there were no issues raised around the recruitment of staff. Due to the risks identified during the inspection, we did not complete a review on staff recruitment.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider lacked oversight of people's basic care needs and the governance of the service.
- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements. This led to breaches of regulation in relation to safe care and treatment, safeguarding, staffing and good governance.
- Shortfalls had been highlighted to the provider at previous inspections, but appropriate action had not been taken to improve the service.
- The registered manager was not present at the service. A lack of robust management meant there was not consistent and effective oversight of the service.
- Staff lacked support from an effective management team which affected the quality of care people received.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was continued breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not been responsive to issues and concerns raised by visiting professionals. They had failed to be open, honest, and apologise to people when things went wrong.
- The provider failed to report concerns in relation to COVID 19 to the local authority in a timely manner to enable appropriate, additional support to be provided.

The provider failed to assess, monitor and improve the quality and safety of the services provided was a

breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Care delivered was not person centred. Records did not contain personalised information about people's health and welfare needs, risks they were exposed to or their preferences about how they wished to receive their care.
- Equality and diversity were not consistently promoted to ensure people received the correct care and support to meet their individual needs.

A failure to carry out, collaboratively an assessment of people's individual needs and preferences for care and treatment was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had not visited the service in over two months and there was a clear lack of oversight from the management team in place; The cover for absent registered manager did not provide consistent leadership for staff

A failure to maintain securely an accurate, complete and contemporaneous record in respect of each person is a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service did not work in an inclusive way. Systems were not in place to engage people, their relative or staff in the running of the service. There was no evidence of arrangements in place for gathering people's and relatives' views about the quality of service provided.
- Staff were not asked their views on the service and staff meetings had not taken place.
- Advice from visiting professionals about how to make improvements at the service had not always been followed.

A failure to seek and act on feedback from relevant persons and other persons on the services provided, including the quality of the experience of people in receiving a service is a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider failed to ensure the care and treatment was appropriate, met people's need and reflected people's preferences

**The enforcement action we took:**

NOP to cancel the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to adequately assess, monitor and reduce risks to people's health and safety. They also failed to ensure the proper and safe management of medicines.

**The enforcement action we took:**

NOP to cancel registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to establish and operate systems and processes effectively to prevent abuse of service users and they failed to investigate and report any allegations of abuse.

**The enforcement action we took:**

NOP to cancel the providers registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed.

**The enforcement action we took:**

NOP to cancel the providers registration.

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff had the knowledge and skills to enable them to provide safe effective care and support.

**The enforcement action we took:**

NOP to cancel the providers registration.