

Bestcare Ltd

Ellesmere House

Inspection report

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07 February 2017

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 February 2017 and was unannounced. The inspection team consisted of one inspector.

Ellesmere House is registered to provide accommodation with personal care to a maximum of 28 people. Most of the people using the service were living with dementia.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The acting manager had applied and was going through the process of registration with CQC.

People were confident about the management and staff that supported them in the service. They considered the service had improved for the better. At our last inspection we found that quality systems the provider had in place had improved and were starting to be used more effectively. At this inspection we found that improvements that had been made were being sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the management team were approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Ellesmere House

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. We previously carried out an unannounced comprehensive inspection of this service on 24 August 2016. We undertook this focused inspection to check the improvements in the quality monitoring of the service had been sustained. This report only covers our findings in relation to the provider's management of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellesmere House on our website at www.cqc.org.uk.

During our inspection we spoke with three people who used the service and one person's relative. We spoke with two members of staff plus the acting manager. We looked at two people's care documentation, together with other records relating to their care and the running of the service. This included audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

Is the service well-led?

Our findings

The acting manager was on duty and they told us they were going through the registration process with the CQC. A person we spoke with told us they knew who the manager was. They said, "The manager is very approachable. They make sure we are alright. They come round the home every day." A visitor told us they thought the home was managed well. They person said, "We looked at different homes before this one; it is the best one for (person). We are very pleased with the care, the food is very good, the cleaners and laundry is good and it seems well staffed." The staff told us they enjoyed working at the home. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed. Staff told us they had more regular meetings now which occurred six to eight weekly. They felt confident to speak out as a result of the meetings and that their thoughts were listened to. Staff told us they were confident to report poor practice or any concerns, which would be addressed by the acting manager immediately through the whistleblowing process.

The acting manager had management oversight of the service and worked to keep improving the quality of the service provided. They carried out regular audits, for example, on health and safety, care plans, accidents and incident and medicines. Plans were put in place to meet any shortfalls identified through these audits within set timescales. The registered manager was aware of their statutory requirements in relation to notifying the CQC of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements. They worked with external partners more routinely, for example, the local authority. We saw that a 'best interest' assessor was in the service to review whether a person needed to be deprived of their liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Quality monitoring checks were completed by the acting manager. The provider visited regularly to discuss the outcomes of these and when needed took action make improvements. The provider sought the opinions from people and their representatives to bring about change. People were given the opportunity to express their views regarding the running of the home. This was done through a satisfaction questionnaire, and regular 'resident and relatives' meetings and reviews of people's care. The minutes of a recent meeting showed how the provider had explained to people how they used the response from surveys to improve the service. They had also commissioned a new fire risk assessment and the outcome of this was shared with people in their meeting. This enabled the provider to monitor the care provided and make improvements were needed. We looked at the results of the 2016 satisfaction surveys and saw that people were positive about the care and services provided. Staff and people's input played a larger part in how the service was shaped.

The provider engaged an independent lay visiting service who had carried out three reviews of the service so far. The manager stated that these visits helped shape what they reviewed in the service. In a section of a report that said, "Do you find the manager approachable," people answered that it had been much improved since the new manager arrived. People considered them very efficient and approachable and that

the service had improved. One visitor told us, "The manager always relays information and also if (person) is fine too."

The acting manager had a falls tracker to monitor where and when people had fallen. This information enabled the acting manager to identify any trends to ensure people could be supported as needed and referred for assessment when required.

The manager had initiated improved relations with the local community services, such as district nurses, councillors and the local town hall. As a result two people attended day centre at the town hall one day a week.

The provider supported the manager in developing the service to meet current regulations. Feedback was shared regarding the quality of care provided across the organisation. This was done through regular meetings and internal messages.

It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.