

Elsenham House Limited

# Elsenham House Nursing Home

## Inspection report

49-57 Station Road  
Cromer  
Norfolk  
NR27 0DX

Tel: 01263513564  
Website: [www.elsenhamhouse.co.uk](http://www.elsenhamhouse.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elsenham House Nursing Home is a residential care home providing personal and nursing care to up to 36 people living with complex mental health conditions. The service also provides support to people who have a dual diagnosis of a mental health condition and a learning disability and/or autism. At the time of our inspection there were 26 people using the service. People living in the service were accommodated over five houses contained in two separate blocks. There were several communal kitchens, bathrooms, living and dining areas, the outside garden space was not separated and could be accessed from each block.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location predominantly supported people living with a mental health condition. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

**Right Support:** People did not receive the right support with medicines. This was because medicines were not always managed safely. Further improvements were needed to protect people from the risk of infection and with the management of people's monies. Incidents that had occurred were not always reported. This meant it was difficult to be certain people and staff got the right support after an incident had occurred. People were supported by staff who knew them well and supported them to make choices. Staff took a positive approach to risk taking which helped maximise people's control and independence. There was enough staff to support people and this helped ensure people could engage in the community. People lived in a clean environment although we noted some improvements were needed to the décor.

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

**Right Care:** Best practice in supporting people with a learning disability and/or mental health condition had not been implemented. People's care records did not always contain accurate or complete information. People were supported by competent and trained staff who understood people's conditions and needs. People were supported to think about how to manage their health conditions and their nutritional needs were met.

**Right Culture:** Improvements were still required for the governance of the service. The systems in place had

not been effective in identifying and improving areas of concern. Further work was needed to strengthen the systems used to support person-centred care. The provider was open and honest about where it needed to improve. They had engaged support to help them do this from external professionals.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 January 2021). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

We imposed conditions on the provider's registration following the last inspection.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement and Recommendations

We have identified breaches in relation to medicines management and good governance. We have made a recommendation that the provider seeks reputable advice and guidance on implementing recognised models of support to meet the needs of the people using the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Elsenham House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector, an advanced nurse practitioner, and an 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.

#### Service and service type

Elsenham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elsenham House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and one relative. We observed care and support provided in communal areas. We spoke with eight staff, this included three nurses, the cook, care and kitchen assistant, the administrator and deputy administrator. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at eight people's care and support records and 16 people's medicine records, as well as a sample of medicines. We looked at three staff files, training records and records relating to the management of the service such as audits, policies, and meeting minutes.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. We reviewed people's medicine administration records and found five occasions where we could not confirm people had received their medicines as prescribed. These medicines included treatments for thyroid disease, mood stabilisers and oral antipsychotics.
- Incidents of incorrect balances of medicines were not being reported to trigger an investigation to ensure people were receiving their medicines correctly.
- One care plan indicated that certain prescribed medicines should not be given together to aid sleep, but these had been administered at the same time on two separate occasions.
- Allergies were recorded for everyone in the home. However, we found for one person their allergy information was not recorded consistently. This increased the risk the wrong medicine might be administered to the person.
- Medicines were given in a way that respected people's preferences such as at a time that suited their morning routine or with orange juice. However, the documentation did not always reflect what time medicines had been administered. This increased the risk of an overdose due to the increased possibility medicines might be administered too closely together.
- Protocols to help staff know when to give 'as required' medicines were missing. Protocols were missing for medicines such as suppositories, sedatives, analgesics, laxatives, antidiarrheals, inhalers and indigestion remedies.
- Homely remedies were not appropriately authorised, and people were at risk of receiving additional paracetamol when they were already prescribed it on their MAR charts.

Medicines were not managed safely. This placed people at risk of harm. This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the management of risks relating to the health, safety and welfare of people. We identified; however, some areas would continue to benefit from further work.

- Staff had a good understand of people's individual risks and how to manage these. However, whilst we

found in practice individual risks to people's safety and welfare were managed this was not supported by thorough risks assessments or care plans. For example, where people had a substance or alcohol misuse diagnosis there was a lack of detailed risks assessments and care planning.

- People told us they felt well supported to manage a range of risks and felt safe living in the service. One person told us how they had valued the registered manager's positive approach to risk taking and how this had positively impacted them.
- Environmental risks, such as fire and water safety, were assessed and responded to. However, we did identify on our visit security issues as we observed front doors either left open or unsecured.
- Improvements were noted in the management of people's nutritional and hydrational needs. Regular monitoring of people's weights and intake was completed where necessary.
- Where people required regular monitoring to help keep them safe this was completed and recorded as required.

### Preventing and controlling infection

- On our arrival we were not asked to provide proof of negative lateral flow tests in with the government guidance at the time.
- Adequate donning and doffing stations were not in place at the rear entry point of the building. We observed this meant staff entered the communal lounge without a face mask in place. This was also not in line with government guidance.
- Infection control audits had failed to identify these concerns and we noted did not consider specific COVID-19 risks.
- Whilst staff had a good understanding of people and staff's vulnerability to COVID-19 no individual risk assessments or care plans had been carried out.
- We found the environment was clean and hygienic. Staff told us domestic staff numbers and shifts had been reviewed and this had improved the cleanliness of the environment.

### Visiting in care homes

- There were no restrictions on people visiting or leaving the care home.

### Systems and processes to safeguard people from the risk of abuse

- Processes regarding the support and management of people's monies needed to be strengthened. No financial care plans or consent was recorded regarding the financial support provided to some people using the service. No independent audits of the management of people's monies took place.
- Staff had received training in safeguarding and told us they were confident to raise concerns if needed.
- Safeguarding concerns and incidents had been identified and responded to appropriately.

### Staffing and recruitment

- Staff told us staffing levels had at times been an issue due to staff absences, however they felt this situation had started to improve. None of the staff spoken with felt staffing issues had impacted on the service people received, although had at times increased pressure on themselves.
- People living in the service told us they felt there were enough staff.
- The provider had recently reduced the number of nursing staff on shift. Some nurses expressed concern about how this had impacted on their workload. The management team discussed with us that further work was being undertaken to review and amend the allocation of work to nursing staff to help improve this area.
- Reasons for gaps in staff member's employment history had not always been explored and recorded. However, we noted these gaps were related to historic rather than recent periods of time.
- Checks had been carried out to help assess the character of staff including Disclosure and Barring Service (DBS) checks. These help provide information including details about convictions and cautions held on the



Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Incident records demonstrated reflection on incidents, lessons learnt, and any triggers for incidents. However, it was not always clear people and staff were involved in de-briefs or discussions about incidents. One staff member provided us with an example where it would have been beneficial for a debrief to have taken place which had not occurred.
- Incidents were reviewed to assess for trends; however, we found some incident records which were not reflected in the incident analysis. This meant we could not be confident the incident analysis was accurate and of good quality.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in 2019 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Previously support provided to people in the service had been planned and developed using a recognised mental health model. At this inspection we found this model was no longer being used but alternative models or best practice in this area had not been considered.
- Whilst people had positive behaviour support plans in place, we found these were limited and did not provide enough information to aid positive behaviour support. Positive behaviour support (PBS) is a nationally recognised person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

We recommend the provider seek reputable advice and guidance on implementing recognised models of support to meet the needs of the people using the service.

Staff working with other agencies to provide consistent, effective, timely care

- We reviewed the information staff provided about people when they were admitted to hospital. This was not sufficient as it did not contain details on people's preferences, risks, and needs.
- Staff worked well with other professionals. When people's mental health had deteriorated staff had taken appropriate actions to share this and work with mental health teams.
- The registered manager completed preadmission assessments which included gathering information from the person and talking to the professionals supporting the person.

Adapting service, design, decoration to meet people's needs

- The physical environment appeared tired in places and would benefit from further refurbishment.
- Since the last inspection the provider had made some changes and improvements to the garden area, relocating a smoking area within the care home to the garden. They had also reviewed the arrangements for accommodating staff within the service and had further plans to improve this.

Supporting people to live healthier lives, access healthcare services and support

- Further work was needed to ensure people's health care plans provided staff with the information needed to ensure people were supported to access routine health care services such as doctors, dentists, and opticians. When we asked staff about the last time people had accessed these services, they were unable to tell us, and this information was not recorded on people's records.
- People told us they were supported to access these services and did not have any concerns in this area.

- People told us they felt supported to manage their health and well-being. One person told us, "They help me with my mental health and my drug use, it's really helped me living here. I'm a lot better, more healthy physically and my mental health it's stable."

Staff support: induction, training, skills and experience

- Staff had received a range of training in areas relevant to the needs of people they support. This included areas such as learning disability awareness, mental health first aid, and Non-Abusive Psychological and Physical Interventions (NAPPI).
- Staff spoke positively of the support provided to them and of the training available.
- New staff received an induction and were supported to complete the care certificate. The Care Certificate is a nationally agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Nursing staff had their competency to carry out their role assessed and told us they were supported with maintaining their nursing registration.

Supporting people to eat and drink enough to maintain a balanced diet

- Systems were in place to ensure staff understood people's nutritional needs and their preferences. Kitchen staff demonstrated they knew this information.
- People told us they were happy with the food provided and were able to make choices regarding what they wanted to eat.
- Improvements were noted in ensuring people had enough to eat and drink.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had a good understanding of the MCA and how it applied to the people they supported. Staff were mindful of people's rights to make decisions and having a positive approach to risk taking.
- People's capacity to make decisions had been considered and recorded in assessments. Staff had considered if DoLS should be applied for and done so appropriately.
- People told us staff supported them to think about decisions required and their consent to the support provided was sought.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure good governance systems. Audits and quality checks were not consistently identifying risks and shortfalls. 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 remained in breach of regulation 17.

- Governance systems and leadership was still ineffective at identifying and improving issues in the service.
- Whilst provider level audits had identified some issues with medicine management no clear action to make improvements in this area had been taken. Medicines were not being regularly audited and improvements were not being sufficiently monitored and addressed.
- Previous systems that were in place to assess, monitor, and mitigate risks relating to people's risks of self-harm had been ceased without other suitable alternative actions in place. For example, no ligature audits and risk assessments were being carried out.
- Audits and governance systems had failed to identify and make necessary improvements in relation to issues we found during the inspection. For example, the service's CCTV policy stated people's consent to its use would be reviewed annually. We found this had not taken place since 2017.
- Governance systems around infection control and COVID-19 risks remained in need of further improvements. No formal risks assessments had been carried out in relation to COVID-19 risks for people and staff. We also found some improvements needed in relation to donning and doffing arrangements to ensure staff had access to masks when entering the rear of the building.
- People's records did not always contain accurate, complete and contemporaneous information. This is a regulatory requirement.

Governance systems remained ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and responsive to issues found during the inspection. They submitted an action plan telling us how they would make improvements. Immediate concerns such as those with the

ligature audits were addressed and resolved during the inspection.

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

At our last inspection we found the provider had failed to notify CQC of incidents and safeguarding concerns. This was a breach of Regulation 18 of CQC Registration Regulations (2009).

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of CQC Registration Regulations (2009).

- Improvements were noted in the reporting of notifiable incidents to CQC. At this inspection we found incidents and events had been notified as required.
- People told us when things had gone wrong, they had been told about this and received an apology.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Whilst some systems had been put in place to strengthen person-centred care further work was needed. The management team had introduced a resident of the day system however this reviewed people's records but did not evidence engagement with people themselves. It was not clear that this system helped ensure support was person-centred.
- We received mixed feedback on whether people felt they had been asked their views on the quality of the service. It was not clear if people's wishes and feelings were always identified and discussed. For example, several people told us they were no longer able to support with cooking meals but did not know why this was.
- Regular residents' meetings were held which allowed people to discuss some of the support provided. People also received surveys so they could provide feedback on the support provided.

Working in partnership with others

- The provider had engaged and worked with others to help learn from and improve the service. They had commissioned external consultants to help them improve.
- Staff utilised local links and networks to help people engage in the local community.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met: medicines were not managed safely. Regulation 12(2)(g)

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	How the regulation was not being met: Governance systems remained ineffective. People's records did not contain accurate, complete, and contemporaneous information. Regulation 17 (1)