

Churchill Property Services Limited

Mount Elton Nursing Home

Inspection report

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20 December 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on the 19 & 20 December 2016. This was an unannounced inspection.

Mount Elton nursing home provides care for older people with nursing and personal care needs. At the time of the inspection there were 22 people living at the home. Accommodation is arranged over three floors. It has a lounge, a dining area, nurse's station, a conservatory, kitchen and offices. There is a drive way at the front with parking and front lawns with a patio area.

There was a registered manager in post. 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 lived in a clean and tidy home although records relating to checks around the home needed improving. People had their views sought relating to the décor of the home. People were happy with the meal choices and could choose where they ate their meals. The home provided a social environment for visitors and was part of the community. Relatives were welcome to sit and spend as much time as they wished with their family members.

People's care plans were detailed and personalised and contained informative risk assessments. However people at risk of their skin developing sores required confirmation in their care plan and charts of how often they should be turned. The registered manager took action during the inspection to update the care plan to reflect this information.

People felt safe in the home and received support from staff who had appropriate checks in place prior to commencing their employment. People's care plans confirmed if people were unable to make decisions relating to their care and treatment and the principles of The Mental Capacity Act were being followed. People received their medicines when they needed then and from staff who were competent to do so.

People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff received regular supervision and training to ensure they were skilled to meet people's individual care needs although some staff's knowledge around safeguarding and equality needed improving. Staff felt happy and supported by the management of the home.

People were supported to maintain relationships with friends and family. People were supported by staff who gave people choice and control in their care and support. People had access to activities and social events that were important to them. Activities included quizzes and songs, social morning, reading, exercises to music and poetry.

People felt able to make a complaint to the registered manager should they need to do so. People and relatives were involved in planning their care. The provider had quality assurance systems in place that

identified areas for improvement. People, relatives and professionals views were sought so that improvements could be identified, feedback received was overall positive about the care provided and received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People lived in a clean and tidy home although records relating to checks around the home needed improving.

People received their medicines when they needed them and from staff who were competent to do so.

People felt the service was safe and recruitment procedures ensured people were supported by staff that had adequate checks prior to commencing their employment. There were sufficient numbers of staff to meet people needs.

People's care plans contained informative risk assessments although some required additional details relating to people's skin care.

Is the service effective?

Good ●

The service was effective.

People's care plans confirmed if people were unable to make decisions relating to their care and treatment. The principles of The Mental Capacity Act 2005 were being followed.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were happy with the meals and had various choices each meal time.

Is the service caring?

Good ●

The service was caring.

People felt supported by staff who were kind and caring.

People were supported to maintain relationships with friends and family.

People were supported by staff who gave them choice and control in their care and support.

Is the service responsive?

Good ●

The service was responsive.

People felt able to make a complaint should they need to do so. Various positive compliments had been received of the care people had received from the staff at the home.

People were supported with a range of activities. Care plans confirmed what people liked to do with their time and their likes and dislikes.

The home was part of the community and the provider confirmed how important it was to offer a positive social environment.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff who felt happy and supported by the management of the home. Staff had daily handover meetings that confirmed any changes to people in the home.

People, relatives and professionals were sent an annual survey to seek their feedback. Feedback received was not collated to provide an overview analysis so that any trends or themes could be identified and actions taken.

The registered manager undertook audits to identify shortfalls and plan what actions when required.

Mount Elton 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.

This was an unannounced inspection that took place on the 19 and 20 December 2016. It was carried out by one inspector and an expert by experience on the first day and an inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with 11 people living at Mount Elton nursing home and four relatives about the quality of the care and support provided. We spoke with the provider, the registered manager, two nurses, three care staff, the training co-ordinator and the chef. We also spoke with one health care professional to gain views of the service.

We looked at two people's care records and documentation in relation to the management of the home. This included two staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was safe.

People told us that they felt safe and that they had no concerns about how staff supported them. They told us, "I feel safe because there are, people around you", "Oh yes, [I feel safe]", "Yes perfectly, it's the care I get", "Absolutely" and "Oh yes". Relatives felt the care was safe and staff looked after people well. They told us, "[Name] is safe, 100% safe, so well looked after, really pleased, no doubts" and "I feel [Name is] safe [and] very happy here; doesn't get worried when I leave". Staff felt that people were safe and had no concerns. One staff member told us, "Yes, I feel people are safe".

Staff had received training in safeguarding adults. Records confirmed this. Most staff were able to demonstrate their understanding of abuse and who they would go to if they suspected someone was being abused. Staff told us, "It is about any form of abuse, protecting people from harm. I would go to my manager, Care Connect or The Care Quality Commission". Another member of staff told us, "I would go to my manager, it is about protecting vulnerable people from all types of abuse". Two staff we spoke with were unable to clearly demonstrate what their safeguarding training had taught them. We fed this back to the registered manager who confirmed both staff had received safeguarding training but they would take the necessary action to ensure these staff were aware of who they should go to and when.

People lived in a clean and tidy home although some areas of the home's safety checks were not always recorded to confirm they had been undertaken. The maintenance person confirmed they undertook daily and weekly checks throughout the home. This included checking equipment such as wheelchairs and beds, people's rooms including their taps and the water temperature, as well as light bulbs and call bells. We found not all these checks were being recorded to confirm they had been undertaken or what actions were required if a problem was found. Records are important as they confirm checks are completed and by who. The registered manager took immediate action and by the second day of our inspection a check list of daily and weekly tasks had been implemented. This meant by completing accurate records there was a clear audit trail of checks completed and any actions required.

Staff ensured visitors signed into the visitor's book, this was to ensure the staff knew who was in the building in case of an emergency. The service had a fire policy and risk assessment that identified the fire zones throughout the home. Staff were responsible for operating the front door which was opened by a fob which let people and visitors in and out of the building. There was a clip board with a resident list in case of an emergency. The list confirmed what support the person needed. People's care plans had an individual personal evacuation plan; this confirmed what support the person needs relating to their communication, support and equipment. The home had an emergency plan which confirmed a safe place for people to go if the building need to be evacuated. There was a completed gas, electric and portable appliance test in place and records confirmed these were in date. The environment was welcoming and well decorated with festive decorations throughout the home celebrating Christmas.

People's care plans included detailed and informative risk assessments. These were individualised and

provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, those at risk of falls or that required assistance from staff with their mobility. People who were at risk of their skin developing sores had charts in place that recorded what support staff had provided throughout the day. However their care plans and charts did not confirm how often people should be turned. Staff were able to confirm what support people required relating to their skin care. Charts confirmed people were being turned every two to three hours although this information was not recorded in the person's care plan. We fed this back to the registered manager who took immediate action to update those people's care plans. Accurate records are important as people might not receive accurate care if their records are missing important information.

Incidents and accidents were recorded and there was a system for collating information and reviewing individual trends. For example, there was a monthly overview of incidents and accidents relating to individual people but not across the service. This is important as it can help to identify any trends and themes that could be affecting other people using the service. This could prevent similar incidents from occurring to them. We fed this back to the registered manager who confirmed they would implement a monthly overview of all incidents and accidents which could help the service identify overall trends.

People received their medicines from nurses. Systems were in place to ensure people received their medicines safely. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. We observed when medicines needed to be disposed of this was undertaken safely and records confirmed accurately the safe disposal of any unused medicine. People were happy with the support received by staff relating to their medicines. They told us, "I get medication on time", "Get medicines on time", "I take a lot of tablets, I get them on time" and "I get my medication within minutes of pressing the buzzer".

People were supported by staffing numbers to meet their individual needs and they told us they were able to easily request support from staff using a call bell system. During the inspection we saw staff spend time with people and respond to people promptly and compassionately. The registered manager confirmed the staffing arrangements for the home were flexible and if people's needs changed they would look at putting extra staff on. People, relatives and staff felt there were enough staff to meet people's needs. People told us, "My buzzer generally [gets] answered pretty quickly" and "I have the call bell, [staff are] normally here pretty sharpish". Relatives told us, "Staffing seems to be fine" and "Usually the staff ratio to resident is very good". One staff member told us, the staffing levels "Have just been upped, [there are] good levels". People were supported by staff who had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regard to criminal records, proof of identification and references. Records confirmed this.

Is the service effective?

Our findings

The service was effective.

People's consent to care and treatment was sought in line with legislation. The 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. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or best interest decisions made.

Mount Elton nursing home was meeting the requirements of the Deprivation of liberty Safeguards (DoLS). 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The correct guidance had been followed and applications made where required.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Training included safeguarding, Mental Capacity Act and Deprivation of liberty (DoLS), health and safety, moving and handling, fire safety, and infection control. Staff told us, "The training I have had lately includes, Mental Capacity Act, DoLS, and equality and diversity" and "I have had first aid training, Mental Capacity Act, DoLS, food safety and safeguarding" and "I have received moving and handling, medicines training, equality and diversity and safeguarding". Staff had access to additional training which was tailored to the needs of the people that staff provided care and support to. For example, some staff had received training in relation to catheter care, pressure ulceration care and end of life. This meant staff received additional training to enable them to carry out their role effectively.

New staff undertook an induction process which was an opportunity to undertake training and shadow existing staff. Staff were positive about the induction they had received. One staff member told us, "The induction was really good. I undertook shadowing and training. I feel it prepared me for my role". New staff were being signed up to the Care Certificate. The Care Certificate is a nationally recognised set of standards that give staff an induction to their roles and responsibilities within a care setting. This was managed by the training co-ordinator.

Staff felt well supported and confirmed there was regular supervision and appraisals. Staff told us, "I have supervisions and get observed practice. I have had an appraisal this year, we get a form before to fill in and bring to our meeting" and "We all get supervision and appraisals, the manager is really supportive". The registered manager confirmed staff received supervision every two months and an appraisal every year. Supervisions were an opportunity to discuss the staff member's attendance and any other area of the staff's responsibilities. Staff were given an opportunity to feedback any areas they wished to discuss before their

appraisal meeting. Appraisals and supervision records confirmed these outcomes and any areas for improvements.

People's views were sought about how the home should be decorated. For example, when their room needed decorating, chairs needed re-upholstering and new curtains sought. The registered manager told us how the lounge and dining area were very light and at times people had complained of too much light coming in whilst they were sat in their chairs. They confirmed how after speaking with people they had chosen having blinds so that some light could still be let in. People's views had also been sought about the choice of fabric the lounge chairs should be covered in. They had then been re-upholstered in accordance with people's wishes. The communal bathrooms had recently been upgraded to include an adjustable electronic bath, new flooring and toilet and sink suite facilities.

People and relatives were happy with the meals and felt they had choice. People told us, "The food couldn't be better", "The food is nice" and "We have two or three choices of food, and they'll always find you something like an omelette" (if you don't like something). Each day people were asked what they wanted to eat from the menu. The chef had a copy of what people had requested which also confirmed who required their meals modifying in a certain way. The chef confirmed they had recently reviewed the menu and there was a new four week menu in place with a vegetarian option every day. Records confirmed this. All food was sourced from local suppliers and was bought fresh.

People were well supported by staff during their mealtimes. Meals were served where people wished to eat them. For example some people choose to have their lunch in the dining area and others in the lounge or in their room. During lunch people were asked if they wanted more and if they had finished. People had access to plenty of jugs of water, squash and cranberry juice throughout the home. We observed on the first day of the inspection that there was limited condiments available to people. For example there was only one salt and pepper pot in the main dining area. We fed this back to the registered manager. The following day improvements had been made and each table had salt and pepper available. This meant people could help themselves instead of getting up or having to ask staff should they wish to add extra flavour to their meal. Where people needed specialised cutlery and plates to enable them to eat independently this had been provided.

People were visited by a range of health care professionals. The registered manager confirmed that there was good links with the local GP practice and other specialist health professionals. During the inspection we observed the service being supported by a specialist health professional. They confirmed how visiting the service was an opportunity to discuss any changes to people's health in a proactive approach. They told us, "There is a very good standard of care here. There is good communication between the home and us". Other visiting health professionals were opticians, dentists and physiotherapists. When required the service made referrals to a range of other health care specialists such as hospitals and mental health services. Records confirmed this. People were happy that the service responded quickly when they became unwell. They told us, they were "Not slow in bringing in a doctor" and "If I don't feel well they ring the hospital". Relatives told us, "They get a doctor promptly" and "If she doesn't feel well they get a doctor, very impressed".

Is the service caring?

Our findings

The service was caring.

People all felt the staff were kind and caring and that they did a good job. People told us, "They are kind and do a good job", "Thank goodness we've got them", "Staff are perfect, all lovely, very caring", "They are kind and caring", "Staff are wonderful they do whatever they can to help" and "The staff are wonderful". Relatives were also happy with the care and they spoke highly of how supportive care staff were. They told us, "Absolutely first class, they love [Name] to bits" and "Carers marvellous, absolutely wonderful", "Carers kind, very good, answer all questions and if they can't they will find someone who can". One health care professional told us, It is "Very good, there is a very high standard of care here".

During the inspection staff demonstrated how they provided people with compassionate care. Staff treated people within dignity and respect. For example, people were asked by staff, "How are you today?" and "Would you like to have a drink?". People felt care was provided in a dignified and respectful manner. They told us, "Oh yes, staff do a good job" and "Yes they respect me, when I'm washing they pull over my curtain" and "They treat me with a lot of respect and keep me informed". One relative confirmed how they felt there was privacy and dignity within the home. They said, "Yes very much so". Staff gave examples of using screens and knocking on people's doors so that they provided care in a dignified manner.

People were supported by staff who demonstrated how they promoted and supported people's diverse needs. Most staff were able to explain their understanding of equality and diversity although two staff were unable to clearly demonstrate their understanding. We fed this back to the registered manager who confirmed they would review these staff members knowledge. Staff who were able to demonstrate their understanding confirmed it was about supporting the individual and respecting people's choice. One staff member told us, "It is up to the person they are an individual. Doesn't matter about their age, race, colour or belief". They explained further how people could access a bible the home had if people wished and that the home was visited by different priests. People's care plans confirmed people's religious needs. Other staff said, "It is about treating people equally, same chances in life. Everyone is different, it is about getting to know the person". They gave examples of people living in the home and their different religions and wishes relating to their diet.

People were supported to maintain relationships with friends and family. During the inspection we observed friends and family visit throughout the day. People felt able to receive visitors at any time. Relatives also felt welcome by staff and that it was a "Lovely home". One relative told us, "Lovely home, much nicer than most I've seen" and another relative confirmed how they visited most days at lunch time.

People were able to express their views and were actively involved in making decisions about their care, treatment and support. People made daily choices about how they wished to spend their day. People spent time in the lounge areas, dining room or in their own bedrooms. People went out into the local community if they wanted to or spent time talking to each other and sitting in each other's company. People's care plans also confirmed people's wishes relating to any end of life support. No one at the time of the inspection

was receiving end of life care.

Staff undertook conversations with people in a private and in a confidential manner although one staff member had a conversation with us that was not respectful of the person they were talking about and it was not private. They had otherwise shown a caring and respectful approach to people they had talked with throughout the day. We fed back our concerns to the registered manager who confirmed action they planned to take.

Is the service responsive?

Our findings

The service was responsive.

People's care and support was planned in partnership with them. Each person who lived at the home had an allocated key worker who was responsible for reviewing the person's care monthly with them. Every six months the registered manager confirmed they would undertake a review of the person's care plan to ensure it was current and up to date. Once the registered manager had undertaken this they signed confirming the date it was undertaken and the new review date. Records confirmed this.

People's care plans contained important information such as their likes and dislikes and their routines. The home used a document called "This is me" which was part of the home getting to know the resident. It was used as an early assessment to explore what the person's personal preferences were. This was confirmed in the home's welcome pack and the providers information return (PIR). Which stated, 'Residents contribute to the creation and subsequent management of a "This is Me" document that clearly verbalises their personal preferences, likes and dislikes'. This document included what time the person liked to go to bed and what activities they enjoyed.

People felt involved in the planning of their care. They told us, "They ask you what you want or to say what you'd like" and "They fill in a form asking what you want". Where people were unable to express a preference, the staff consulted with their close relative to gain further information on the person's preferences. Relatives also felt involved and part of people's care planning. They told us, "We are in every day, involved and observant" and "Involved with care planning".

People had access to a complaints policy and felt able to complain should they need to. They confirmed they were happy with the care provided and had no complaints. People told us, "I have not had to complain", "I wouldn't need to say anything against the home", "Staff (are) wonderful". Relatives were also happy and all felt able to raise any concerns to the manager of the home. They told us, "The home is absolutely first class" and "The only home I would consider". The service had received one complaint in the last 12 months. A record of all formal complaints had been maintained. This showed the complaint and any action taken to address the issue. The home had received various positive compliments and thank-you cards from...who were very satisfied with the care at the home. These included, "I would like to recognise the very patient and professional attention [name] has received from all staff" and "I would never hesitate to recommend the home".

People had access to activities and social events that were important to them. People spoke positively about the range of activities within the home. Activities included quizzes and songs, social morning, reading, exercises to music and poetry. There was a full time activity co-coordinator who planned the activities a week in advanced. This was available on notice boards throughout the home.

People were support to access the local community that enhanced people's sense of wellbeing and quality of life. One person told us, "I go out twice a week to the garden centre and shopping. I also enjoy piano lessons". The piano had meant a lot to them since they learned to play as a child and they smiled when they

talked about how important it was to them. They showed us their piano which was positioned in the main dining area of the home. Another person also went out regularly with a support worker. They enjoyed shopping and cafes. During the inspection we observed an outside agency support one person to undertake some shopping. The person told us how much they enjoyed going out each week with this support.

The home provided a social environment for visitors. The provider confirmed how the home was part of the community and that relatives were welcome to sit and spend as much time as they wished with their family member. The provider felt the home was important to the local community and that twice a year they arranged a fete where friends, family and the community could attend. This was well attended by the community. The provider explained to us how they provided additional support to two people who visited the home. They felt this was important to both individuals and something that mattered personally to them. This meant the provider demonstrated the home was part of the community and could offer a positive social environment.

Is the service well-led?

Our findings

The service was well-led.

Mount Elton nursing home had one registered manager who was a nurse and responsible for managing the home. They were supported by the provider who visited once a week and a team of staff including nurses, care and office staff. The provider confirmed they leave the running of the home to the registered manager.

People, staff and relatives all felt the management and provider were approachable, supportive and accessible or contactable. People told us, the registered manager was "Approachable" and "Makes them self-seen". A relative told us, "Marvellous". Staff told us, "Any problems I can always speak to them" (meaning management). "[Name] is very approachable and [Provider] is approachable also". "I have always felt able to approach them and feel supported" and "Really nice approachable managers. It is a really nice place to work".

All staff felt there was a positive culture and there was good team work. They said, "I like it, it's great. Nice. Just go for it, team work" and "Very friendly homely home. I only wanted to stay a year and I have been here 12 now. I'm very happy". Staff confirmed how they were invited by the provider to a Christmas works party. Staff felt this was a positive way to get to know each other better.

Staff had a daily handover meeting which ensured staff coming on duty were aware of any changes in a person's care needs or condition. This was led by the nurse in charge who discussed any changes to the person's medicines, wellbeing, any recent visits from the GP and if they planned to go out or have family visit. Staff felt this worked well and that it enabled them to know important information relating to people they support. One staff member told us, "We have a handover every day, in the morning and afternoon". They also explained how important it was to be updated with any changes since they were last on shift.

The registered manager confirmed the philosophy of care provided at Mount Elton was for people to come, "Into a safe, caring environment". This was also confirmed by the home's statement of purpose. A statement of purpose confirms what service the provider plans to offer. The statement confirmed, 'It is the objective of Mount Elton that residents should live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsible to resident's individual needs and will provide the appropriate degree of care to assure the highest possible quality of life within the home'. Staff confirmed this approach. They told us, "We all take care of the residents. It is about taking your time with people and trying to understand them as an individual. It is always their choice" and "We get to know the person". Another staff member confirmed, they "Make people feel welcome. That we all get along and that it's nice and homely a tidy place where residents are happy".

People, relatives, staff and professionals had their views sought on the care provided at Mount Elton nursing home. Questionnaires sent in November 2016 had received positive comments however there was no system in place that confirmed many had been sent and returned and what feedback had been received. Collating all feedback means any trends or areas of improvement can be identified and actions taken if

required. We fed this back to the registered manager who confirmed they would review how the service collates its feedback. Comments included, "I choose when I go to bed and I know how to complain". One visitor commented, "The home's appearance is always pretty. There is always an open door. Staff make an effort and smile".

The registered manager undertook a range of quality assurance systems which identified areas for improvement. The provider's PIR confirmed, 'The home runs a Quality Management System (QMS) which provides an assessment and improvement framework for all parts of its service including how well it is led. Continuous improvement actions are planned on a rolling basis driven by priority and staff band width recognising the realities of a small home with a single manager'.

The registered manager confirmed they undertook monthly hand hygiene audits, spot checks relating to staff practice, accidents and incident audits, medication audit, cleaning audit. Records confirmed audits undertaken including any actions required. The registered manager was also responsible for reviewing staff rotas and they confirmed they were responsible for authorising those rotas and any additional staff required.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. We checked these details were accurate during the inspection and they were. This meant the registered manager and provider was ensuring all incidents that occurred had been reported.

People living in the home had resident meetings. Minutes showed people were asked for their input. People were given an opportunity to discuss what was important to them as a resident living at the home. For example, people were able to discuss activities they wanted, changes to the menu and the décor of their room and communal areas. One staff member felt the resident meetings were well attended and people felt able to approach the manager. They told us, all residents, "Come and speak to [Manager]. There is a notice up of when these meetings are". One person felt involved when we asked them, 'Did they feel involved' they told us, "Oh yes". One relative also felt involved in meetings. They told us, they "Are involved in all the meetings".