

Bestcare Ltd

# Ellesmere House

## Inspection report

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Ellesmere  
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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

About the service: Ellesmere House is registered to provide accommodation with personal care to a maximum of 28 people. The service also offers day care and respite services. The home is situated in a small village in Ellesmere and supports older people, some of whom were living with dementia. At the time of our inspection 18 people were being supported.

People's experience of using this service:

The atmosphere at Ellesmere House was calm and homely; the registered manager and staff had developed strong, familiar and positive relationships with people. Throughout the inspection staff were seen to be warm and affectionate towards people and approached tasks in a calm and compassionate way. Staff were seen to be genuinely motivated to deliver care in a person-centred way based on people's preferences. Staff treated people with kindness and respect and were seen to use techniques to help relax people with positive outcomes. Everyone we spoke with told us Ellesmere House was homely and that staff were always kind and caring towards them.

People told us they felt safe living in the home. Risks that people faced were identified and assessed and measures in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received their medication at the right times. The environment was safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's individual needs. Staff received a range of training and support appropriate to their role and people's needs. Staff clearly knew people and their needs well and were seen to provide care and support that was based on their needs and preferences. People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and they were to be met in a way they preferred. People told us they received the right care and support from staff who were well trained and knew what they were doing. People received the right care and support to eat and drink well and their healthcare needs were understood and met. People who were able, consented to their care and support. Where people lacked the capacity to make their own decisions they were made in their best interest and in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. People knew how to make a complaint and told us they were confident about complaining should they need to.

The registered manager was keen to create a community feel within the home and where possible made efforts to engage members of the local community with the service and people living there. The service promoted a positive culture that was person-centred and inclusive. The registered manager was described by staff as approachable and supportive and helped to create a warm and happy environment to work in. Effective systems were in place to check the quality and safety of the service and improvements were made

when required.

Rating at last inspection: Good (report published 18 October 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 ●

This service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

This service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

This service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

This service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

This service was well-led.

Details are in our Well-led findings below.

# Ellesmere House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was conducted by one adult social care inspector.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and the quality and safety of the care provided.

#### Service and service type:

Ellesmere House is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Our plan took in to account information the provider had sent to us since the last inspection. We considered information about incidents the provider must notify us about and looked at issues raised in complaints and how the service responded to them. We assessed information we require the provider to send to us at least annually within their provider information return (PIR); this provides key information about the service, what the service does well and the improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with six people using the service to ask about their experience of care. We spent time making observations of the care provided and the interactions from staff towards people. We

spoke with the registered manager, four care staff and the cook. We also looked at four people's care records and a selection of other records including those related to the quality monitoring of the service.

Details are in our key findings below. This report includes information provided by the expert by experience.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe. Comments included, "Yes I feel safe, there is always someone around if I need them," "I feel very safe here" and "I always feel safe, staff here look after us well."
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm. Staff were confident about how to report safeguarding concerns.
- The service kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future occurrences.
- Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.
- Observations during inspection showed there were enough suitably qualified and trained staff deployed to meet people's needs and keep them safe.
- Safe recruitment processes continued to be followed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people had been assessed and provided detailed information around people's individual risks in order for staff to keep them safe. Risks to people were regularly reviewed and records updated to reflect any changes.
- Staff knew people's identified risks well and were seen to support people with their physical needs and mobility in a safe way.
- Regular safety checks were completed on the environment and equipment people used to ensure it remained safe.
- Medicines continued to be managed safely by appropriately trained staff.
- Medicine administration records (MARs) were completed correctly. Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed.

Preventing and controlling infection

- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.
- All areas of the home were clean and well-maintained.

Learning lessons when things go wrong

- A record of incident and accidents that occurred were kept and reviewed regularly to identify any patterns or trends so that lessons could be learnt when things went wrong.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were completed prior to people moving into the home to ensure staff were able to meet their needs; information was gathered from other health and social care professionals to help complete these assessments.
- Assessments of people's care needs were completed in good detail and provided guidance for staff to support people based on their needs and choices.
- People told us staff knew them well how best to meet their needs. Comments included, "Yes staff seem to know what I need and how to look after me, I never have any complaints" and "There are some people who need a bit more help than me and staff seem to know what they are doing."

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided.
- Where staff identified changes in people's needs, referrals to appropriate healthcare professionals were completed and records maintained to evidence such referrals and any advice given.

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

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day and night. Staff were seen to provide appropriate support and encouragement to eat and drink where required.
- Staff were observed during meal times to support people in an unrushed and calm manner; staff chatted with people to help make the mealtime experience enjoyable and relaxed.
- People were protected from risks associated with poor food and drink intake and swallowing difficulties. Kitchen staff were aware of people's individual dietary needs and preferences.
- People spoke positively about the food provided. Comments included "I like the food, we have plenty of choice," "The food is nice, always fresh and if I don't like something the cook will make me something else" and "The food is lovely, no complaints from me."
- We observed various food choices being offered to people and were told alternatives were available if people did not like what was on offer.
- Regular meetings were held with people to discuss menu/food options to ensure meals were based on people's choices and preferences.

Staff support: induction, training, skills and experience



- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- Newly recruited staff continued to receive a detailed induction and on-going training relevant to their role and people's needs.
- Where required, health professionals such as district nurses were utilised to provide training based on people's specific health needs.
- Staff told us they felt supported in their role and were able to discuss any learning and development needs through regular one-to-one meetings.

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

- Since the previous inspection the service had undergone some redecoration. The registered manager told us there were still areas that required completing but this was in progress.
- There was some signage around the home to help people find their way around.
- Equipment was used effectively to meet people's care and support needs. Sensor mats and call bells were available for people to alert staff when they required support.
- Staff were in the process of working with people and family members to create memory boxes to place outside people's rooms.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service continued to work within the principles of the MCA; DoLS applications had been completed appropriately and to the relevant authority. Capacity assessments had been completed where necessary and any decisions made in people's best interest had been recorded and included the involvement of relevant others.
- Staff were continuously seen to offer people choice and control.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and support from staff who clearly knew them well.
- It was clear from observations that staff had developed strong relationships with people. Staff were seen to be genuinely kind and compassionate when providing support.
- People spoke positively about the care they received from staff. Comments included, "Staff are lovely with me, they look after me well," "I like the staff they are all kind" and "I get on with all of the staff they are really nice."
- Staff understood and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people.
- Staff created a warm and happy environment that made people and visitors feel relaxed and welcome.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to treat people with dignity and respect and provided compassionate support in an individualised way.
- Staff ensured people were kept clean and well-presented.
- Staff knew how to support people who were upset and anxious and were seen to do this in a kind and dignified way.
- People were given choice and control over how they spent their day and were supported to be as independent as possible.
- Records relating to people's care were secure and confidential.

Supporting people to express their views and be involved in making decisions about their care

- People, along with family members, were encouraged to share their views about the care provided with regular care plan reviews and general meetings.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care in the way they wanted.
- Staff were seen to respond appropriately to people who needed support and it was clear they knew people well. One person told us "Staff always do what I wasn't them to do, they always ask me before doing something and they know how I like things to be done."
- Care plans contained detailed and person-centred information that was relevant and up-to-date.
- The service continued to meet the communication needs of people with a disability or sensory loss in line with the Accessible Information Standards to ensure people had access to any relevant information about their care.
- People were supported to access a range of activities on a regular basis; this included activities within the home and trips out.
- Activities were delivered by care staff on duty, however the role of activities champion had been implemented so that one staff member had oversight of all activities arranged.
- The registered manager told us that activities were usually delivered in smaller groups as they had identified that people were less likely to engage in larger groups.
- Where people preferred to stay in their rooms, adaptations were made to ensure they were able to access activities they still enjoyed, such as painting.
- People had access to large garden area which was often used to hold events such as garden parties and summer fetes. The registered manager told us the local community were always invited to these events.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint. They were confident about making a complaint and felt listened to.
- The service kept a record of any complaints that had been made; those recorded had been dealt with appropriately.

End of life care and support

- At the time of the inspection no-one using the service was in receipt of end-of-life care. However, people continued to be supported to make decisions about their preferences for end-of-life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and what was required to ensure the service provided good care to people.
- People spoke positively about the management of the service. Comments included, "Well yes I think the home is managed well, I certainly don't have any concerns and am quite happy here," "[Manager] is lovely and always seem to do what you ask and listens to us" and "[Manager] is doing a good job."
- Staff told us they felt supported by the registered manager and found them to be open and transparent and felt able to approach them if they had any concerns. Comments included "I like [manager] very much, she's been very good, very supportive and easy to go to if there is a problem. She's a good manager and manages the service well" and "[Manager] is very good, she listens to you and understands. She will always help. She is very knowledgeable and so professional. the best manager we have had."
- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People spoke positively about the home and the atmosphere created by staff and managers. Comments included, "It's lovely here, it's homely and the staff are great" and "I always feel really relaxed, I am certainly happy here."
- The managers and staff promoted a culture of person centred care by engaging with everyone using the service and family members.
- Staff told us the registered manager helped to create a warm atmosphere to work in which made them happier and enjoy their work. Comments included, "[Manager] creates a good atmosphere because she listens and understands" and "This is a lovely environment to work in. All the staff support each other and that's because [manager] is so supportive of us."
- Staff understood the registered manager's vision to provide the best care possible and were keen to implement this within the home.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.
- Regular inspections were completed by an external company in line with the key questions asked by CQC. Inspections were completed at different times of the day in order to experience different aspects of care.

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

- The service continued to involve people and family members in discussions about the care.
- Staff told us they felt involved in decisions made about the service; they felt confident offering their views and ideas and felt they would be listened to.
- The service worked closely with other agencies and community groups to achieve good outcomes for people.
- The local community were invited to events that were organised; advertisements were placed in local shops and newspapers. The registered manager was keen to encourage members of the public to engage with people living the home.
- Local shops and trades were used to help maintain community connects.