

Marton Care Homes Ltd

Elizabeth Fleming Care Home

Inspection report

Off Market Street
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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

Elizabeth Fleming Care Home is a residential care home providing personal and nursing care to up to 31 people. The service provides support to older people. At the time of our inspection there were 31 people using the service.

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

People and most relatives told us the care provided was good and staff were caring. People also felt safe living at the service.

Improvements were needed to ensure some risks were managed effectively. The registered manager took immediate action to address this.

There were enough staff to meet people's needs. New staff were recruited safely

Staff received regular supervision and accessed the training they needed. Staff supported people with eating, drinking and to access health care services, where required.

Following relatives' feedback, the provider was making environmental changes. Relatives told us progress had been made but further improvements were needed. Relatives had improved the garden spaces for the benefit of residents, as they said these had been neglected.

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.

Care plans were personalised and detailed. They clearly described the help people needed from care staff. Complaints were investigated and people and relatives knew how to raise concerns. The registered manager was taking action to improve the provision of activities.

Improvements were needed to improve communication with relatives and to engage in formal ways with people and their family members. We have made a recommendation about this.

Staff confirmed the registered manager was approachable and dealt with issues. Regular quality assurance checks took place which had been successful in identifying areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service has been registered with CQC.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elizabeth Fleming Care 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

One inspector carried out this inspection.

Service and service type

Elizabeth Fleming Care 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. Elizabeth Fleming Care 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 who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 7 people and 2 relatives using the service. We also spoke with the regional manager and registered manager. We received additional feedback from 6 relatives and 3 care staff by email, as well as reviewing a range of documents.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems to deal with safeguarding concerns. Previous concerns had been referred to the local authority to be investigated. The provider engaged with the local authority to implement improvements.
- Staff knew about the safeguarding and whistle blowing procedures. They felt able to raise concerns and wouldn't hesitate to do so. One staff member commented, "I have never had to do this, but I would be comfortable doing so."

Assessing risk, safety monitoring and management

- The provider assessed potential risks. Some risk assessments were often general and lacked specific information about how to keep people safe. The registered manager took immediate action to review and improve risk assessments. The fire risk assessment had recently been updated.
- People had personal emergency evacuation plans (PEEPs). These described the support people needed to remain safe in emergencies.
- Staff completed a range of health and safety checks to maintain a safe environment.
- People and staff overall felt the home was a safe place.

Staffing and recruitment

- Sufficient staff were available to meet people's needs. People said staff responded quickly when they needed help. One person told us, "Staff are not too bad, they come quickly if I need them."
- Staff also said staffing levels were suitable for the people currently living at Elizabeth Fleming Care Home. One staff member commented, "At present staffing levels are fine."
- The registered manager monitored staffing levels to ensure they remained at an appropriate level.
- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. Medicines administration records confirmed people received their medicines on time.
- Staff were trained and their competency to administer medicines assessed. This helped ensure medicines were handled safely. Senior staff regularly checked to ensure staff followed the correct procedures.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of

infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider followed the Government's guidance for visiting care homes. There were currently no restrictions on visiting the home.

Learning lessons when things go wrong

- The provider analysed the findings from various sources, such as safeguarding, complaints and quality assurance audits, to identify improvements and learn lessons.
- Individual incidents and accidents were logged and investigated, with action taken to address each concern.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed when they were admitted into the home. This assessment helped determine what care and support people needed and how care staff would meet these needs.
- People and relatives could discuss social, cultural and religious needs. This helped staff gather a better understanding of each person.

Staff support: induction, training, skills and experience

- Staff were well supported and received the training they needed for their role. Records confirmed training and supervision were up to date.
- Staff confirmed they were well supported. One staff member commented, "I feel very supported. We work so well as a team and support each other constantly."

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

- Staff supported people to have enough to eat and drink, in line with their preferences. People said, "They have done me some toast for my breakfast. They are looking after me" and "Meals are lovely, I cannot grumble. They ask what you like. Sometimes you get too much."
- Care plans described the support people required with eating and drinking. Where required, they included recommendation from health professionals, such as Speech and Language Therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services, where required. Health professionals, such as community nurses, regularly visited the home to provide treatment and advice.
- Care records included information about health and social care professionals involved in people's care.

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

- The provider was making changes to improve the environment within the home. These had been discussed with relatives during a meeting in June 2022, as relatives had commented the home was looking tired. One relative commented, "We do feel that although the home have been making some good improvements in decor and purchasing new items there is still improvements to be made."
- Relatives had been integral in improving the garden spaces for people living at the home to enjoy, as they said these had been neglected.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The provider was following the requirements of the MCA. DoLS authorisations had been applied for and approved for people unable to consent to living at the home.
- For people who lacked capacity, MCA assessments and best interest decisions had been completed where restrictions were placed on them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- People were well treated and supported. They said they were happy with the care provided at the home and told us staff were kind. People told us, "They do their best. They are alright, I cannot grumble at all. They are nice girls" and "We [person and care staff] just sit and talk. They look after you here."
- People had developed positive relationships with care staff. One person said, "On a night-time when you are in bed, they come and chat with you. They are really nice girls."
- Relatives generally were happy with the care but felt involving them and engaging with them had deteriorated recently. They felt communication could be improved and had raised this with the registered manager.
- Care plans described how people wanted to be supported with making choices and decisions.

Respecting and promoting people's privacy, dignity and independence;

- People and relatives confirmed staff treated them with respect. One relative commented, "My [family member] is a resident in the Elizabeth Fleming home, [family member] has been looked after with the greatest respect."
- People were supported to be as independent as possible. Care plans described how staff should support people to enable them to do as much for themselves as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been planned based on their needs and preferences. Care plans described how people's care was to be provided and gave details of any specific preferences they had.
- Care plans were reviewed frequently and updated when people's needs changed.
- People could discuss their future care decisions with staff. Their wishes were documented in care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed on admission to the home. These were documented in specific communication care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provision and range of activities within the home had decreased from what had previously been a fuller activity programme. The provider was looking to improve this situation and had recruited new activity staff. One person told us, "We have that (TV), that is about it. We just sit and talk."
- The registered manager gave examples of how staff had previously supported people to participate in some activities, tailored to their individual needs. Examples included staff surprising one person with a knitting kit so they could resume a loved hobby. Staff also created a photo album of a local village to aid with reminiscing about their family history.
- People were enabled to maintain important relationships, such as with family and friends. One person was provided with a private space to watch a special birthday message from friends.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People felt able to speak with staff or the manager if they had concerns. One person told us, "The manager makes sure you are alright."
- The provider's complaint log showed previous complaints had been investigated and action taken to address concerns and learn lessons.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider aimed to focus care on people's needs. The registered manager and staff adapted their approach to reflect how people wanted their care provided. One staff member said, "The staff do genuinely care for the residents and are working hard with what they have got."
- People and relatives were generally positive about the care provided at the home and praised staff for the care provided.
- Staff confirmed the manager was supportive and approachable. One staff member said, "I have support from the entire team, we work together to provide a service for some very vulnerable adults."

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

- The home had a registered manager. They were proactive in submitting the required statutory notifications for significant events to the Care Quality Commission.
- The registered acted quickly on suggestions made during the inspection, such as reviewing and developing risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were needed to ensure people and residents were fully engaged. In particular, relatives' meetings were infrequent. One relative commented, "I find communication with the home is lacking, we were promised an alternate monthly resident's meeting during our first ever meeting on 8th June, but there has not been one since." There had also been no recent formal consultation with people living at the home and relatives.

We recommend the provider reviews its approach to formally engaging people and relatives, to ensure feedback about the home is gathered on a regular basis.

- Most staff felt able to share their views and confirmed changes had been made following their suggestions. One staff member told us, "Yes I am able to make suggestions and I am always listened to and we give each other feedback."
- Staff gave positive feedback when they were last consulted in April 2022.

Continuous learning and improving care; Working in partnership with others

- The provider had a structured approach to assessing the quality of the service. Staff completed regular checks and audits across a range of areas, including infection control, medicines administration and care planning.
- The provider worked with other health services to work towards promoting good outcomes for people.