

Deverill Estates Limited

Elroi Manor

Inspection report

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Date of inspection visit:
15 February 2023

Date of publication:
14 April 2023

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

Elroi Manor is a residential service providing personal care for up to 33 people with mental health support needs and older people some of whom are living with dementia. The service consists of one adapted building separated into 3 sections Lotus, Lavender and Lily. Each includes individual bedrooms and communal spaces with access to the surrounding gardens. At the time of our inspection there were 32 people using the service.

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

People and their relatives told us they felt safe with the care and support they or their relative received. However, despite positive feedback, we found shortfalls with fire safety, the management of people's risks, Mental Capacity assessments and quality assurance systems which placed people at increased risk of harm.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection.

Risks to people were not always safely managed. We identified issues relating to fire safety and people's risk assessments.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff told us they felt supported; however, staff were not always trained in line with national standards.

People received their medicines safely and as prescribed, however we found some minor issues with the management of medicines. Staff followed infection prevention and control measures.

Appropriate recruitment procedures were in place to ensure staff had been assessed as safe to work with vulnerable adults.

Staff had received safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns.

People were supported to access a healthy diet.

Most people and their relatives told us they were satisfied with the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 June 2021) and there was a breach of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 15 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elroi Manor on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent, and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

Elroi Manor

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.

Inspection team

The inspection was carried out by 2 inspectors and 1 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. The Expert by Experience spoke to people during the inspection site visit and contacted people's relatives by telephone to request their feedback.

Service and service type

Elroi Manor 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. Elroi Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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. 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 10 people who used the service and 10 relatives. We spoke with 8 members of staff including the registered manager. We undertook observations of people receiving care to help us understand their experiences. We reviewed a range of records. This included 4 people's care records and 9 people's medicines records. We looked at 3 staff files in relation to recruitment and records relating to staff induction, training and supervision. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with the service.

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.

Assessing risk, safety monitoring and management

At our last inspection we found the provider failed to ensure effective infection prevention and control measures were implemented. Potential risks to people were not consistently and effectively assessed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made regarding infection control. However, issues identified with fire safety, training and the management of people's risks meant the provider was still in breach of regulation 12.

- Risks relating to fire safety were not always safely managed.
- Fire exits could not be used as quickly and as safely as possible in the event of an emergency. We found several fire exits were locked with manual keypads which would not open automatically if the fire alarm was activated.
- Personal Emergency Evacuation Plans (PEEPS) were in place for each person using the service. However, we found several examples where these records had not been recently reviewed. This meant we could not be assured PEEPS reflected people's current needs and people would be safely evacuated in the event of an emergency.
- We found various shortfalls had been identified by the local fire authority during a visit to the service in December 2022. The providers fire risk assessment was found to be not suitable and sufficient; we found the fire risk assessment had not been updated.
- The provider had systems in place to assess risks to people before undertaking their care and support. However, we found examples where risks to people were not always fully assessed and documented to keep them safe. For example, where people had swallowing difficulties and were at risk of choking, we found the risk had not been fully assessed and documented. People had been assessed by a Speech and Language Therapist (SaLT) and staff were aware of the risk, however there was no specific choking risk assessment in place.
- Where a person had a diagnosis of diabetes, we found risks associated with the condition had not been sufficiently documented in the person's care plan with guidance for staff to follow.
- Where physical restraint was used within the service, staff had completed training. However, we found the training completed was not certified as complying with the Restraint Reduction Network training standards. This meant we could not be assured staff had been appropriately trained to manage restraint safely.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager who told us the service had been given up to 6 months to complete actions by the local fire authority. We were told the service had attempted to commission a new fire risk assessment and was in the process of doing so, however there had been a lack of availability from consultants to complete the work.
- Following our inspection, we contacted the fire authority who completed a visit to the service to check on progress, they confirmed some actions had been completed. The provider sent us a fire safety action plan and confirmed all manual keypads had been removed from fire exit doors and a consultant had visited the service to complete a fire risk assessment. We will maintain contact with the fire authority to monitor the providers progress.
- The service responded promptly to our concerns about people's risk assessments and during the inspection we were sent examples of updated PEEPS, care plans and risk assessments.
- Despite our concerns about training, minimal restraint was used within the service. Records showed this was only ever used as a last resort where necessary, for the minimum time. Staff we spoke to confirmed this.
- The service was carrying out other building safety and equipment checks to ensure the safety of people living within the service. These included fire safety checks such as fire evacuation drills.
- Health and social care professionals we contacted did not raise any concerns about safety within the service. A professional said, "My view is that Elroi Manor have and continue to do, a good job to adequately meet our service users' needs and to keep [person] and other residents safe."

Preventing and controlling infection

- At the last inspection, we found areas in the service had not been adequately maintained, were unclean and looked visibly dirty. At this inspection we found improvements had been made.
- Several areas of the service had been refurbished since the last inspection including the laundry, communal spaces, bedrooms and bathrooms. There was a plan in place to address other areas in need of redecoration or maintenance. A relative said, "Some of the areas were redecorated recently and look brighter."
- During the inspection the deputy manager informed us a person within the service was currently COVID-19 positive. We found there were appropriate measures in place to manage the risk, including testing for people and staff. Staff used PPE appropriately and individualised risk assessments in relation to COVID-19 were in place.
- The provider had appropriate infection control policies and procedures in place and staff had completed training. A staff member said, "I had infection control training when I started. Recently did an assessment for PPE and hand washing."
- Most areas of the service appeared clean; however, we identified some areas where cleaning could be improved. We raised this with the management team who responded promptly.
- Feedback received from people and relatives was mixed. Most people and relatives told us the service was appropriately clean and maintained. A person said, "They clean the rooms every day, and fair play, they wash all the laundry for me." Another person said, "Things like maintenance does get taken forward. The staff request things and I've seen them get done." However, some relatives told us cleaning could be improved. A relative said, "The room is rather grungy at times, but it's not too bad."

Visiting in care homes

- The provider was supporting visits in line with the government's guidance.

Staffing and recruitment

- Systems and processes in place supported the recruitment of staff who had been assessed as safe to work with vulnerable adults.
- Pre-employment checks included the completion of a Disclosure and Barring Service (DBS) check, interview record, proof of identity and evidence of conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found some staff recruitment records contained gaps between periods of employment which had not been documented. We raised this with the registered manager, who told us they explored gaps in employment history during staff interviews and would ensure this was recorded in all future recruitment.
- People and their relatives told us they were supported by a regular team of staff.
- We observed there were enough staff to keep people safe and meet their needs. Staff, people and their relatives confirmed this. A person said, "Oh yes, there's enough staff about, so far so good." A staff member said, "We have got enough staff."

Using medicines safely

- People received their medicines safely and as prescribed. However, during the inspection we found some minor issues which meant medicines were not always managed in line with national guidance.
- Medicines administration records were completed with no gaps in recording identified. The service had an up to date medication policy in place and medicines were stored securely.
- However, we found guidance was not in place for all medicines prescribed 'as required' (PRN) for staff to know how and when to administer each medicine.
- Staff administering medicines had been trained to do so. However, not all staff had their competency assessed in line with national guidance.
- We raised this with the management team and during the inspection guidance was put in place for all medicines prescribed PRN. We were told plans were in place to ensure all staff had their competency assessed.
- People told us they knew and understood their medication and received it on time. One person said, "They do give my medicines on time. I can ask for pain killers if I need them."

Systems and processes to safeguard people from the risk of abuse

- Most people and their relatives told us they felt safe with the care and support they or their relative received. One person said, "I do feel safe here at the moment, I'd rather be at home, but I'm looked after, and I get on well with all the staff. I can talk to them if I need to." A relative said, "I know [person] feels safe and well cared for, there haven't been any burning issues and [person] gets on well with the staff."
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse. Staff knew how to recognise and report any abuse and were confident any concerns would be acted upon.
- During the inspection, a person raised a concern which was of a safeguarding nature, the registered manager was informed, and a referral was made to the local authority safeguarding team.
- The registered manager knew how to report safeguarding concerns to the local authority and CQC as required.

Learning lessons when things go wrong

- Accidents and incidents were documented and included details of the event and actions taken by the service.
- The registered manager and staff reflected when things had gone wrong. This ensured lessons were learnt and practice improved.

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 inspection published August 2019 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 did not always complete Mental Capacity Assessments as required.
- People's care plans contained records of mental capacity assessments and best interests' decisions. However, where people had been subject to physical restraint, we found there was no record of specific mental capacity assessments or best interest decisions in place.
- We raised this with the registered manager who told us any use of restraint had been agreed with relevant professionals. In one person's case, a professional confirmed this, however appropriate records were not being maintained.

The provider had not ensured mental capacity assessments were completed as required. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concern, people told us staff sought their consent and respected their personal choices, our observations confirmed this. A person said, "They always explain everything and get consent, they're very feeling, they never force you to do anything, and they support you in what you want to do." Another person said, "If there's anything, the staff just talk it through with you, and it's sorted out with your agreement."

- Staff had completed training and demonstrated an understanding of the MCA in line with the key principles.
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.

Staff support: induction, training, skills and experience

- Staff told us they felt supported; however, staff were not always trained in line with national standards.
- Staff received regular training, which included training to meet the needs of people living with dementia and people with mental health support needs.
- However, we found training completed relating to restraint was not certified as complying with the Restraint Reduction Network training standards. Following the inspection, the registered manager confirmed staff had been booked to attend certified training.
- People told us staff understood their support needs.
- Staff told us they received an induction and regular supervision which included the care certificate, records confirmed this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A staff member said, "I had an induction, lasted 5 days, shadow shifts and training."

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

- People were supported to access a healthy diet.
- Where people required specific support at mealtimes, guidance from a speech and language therapist was included in their care plan. However, we found people's risks in relation to eating and drinking were not always sufficiently assessed and documented in their care records.
- People we observed during lunchtime appeared to eat well. People were offered a choice of food and drink and were supported where required.
- People's food preferences were recorded, and staff were aware of people's dietary needs.
- Feedback regarding the food on offer was mostly positive. Some people were supported to shop and cook for themselves, which encouraged people to maintain their independence. A person said, "It's nice to be free to go and make a drink or get a snack any time, the food is quite good." However, some people and relatives told us more choice was needed for evening meals.

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

- People's needs were assessed, and care plans were written using information gathered during initial assessment.
- People's diverse needs, as defined under the Equalities Act 2010, were respected. For example, people's needs relating to their sexuality and religious beliefs were documented in their care plans.
- People told us their choices were respected by staff. A person said, "You have choices, nobody forces anything on you."
- Policies and procedures provided guidance for staff and referred to legislation and good practice.

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

- Care plans included details of people's health care needs and provided information and guidance for staff on how people were to be supported.
- Records showed the service sought specialist advice and support where required. A health and social care professional told us, "They have sought specialist advice and support from other services in order to best meet [person's] needs."

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

- Some improvements had been made to the physical environment since the last inspection. Areas of the service had been decorated to meet the needs of people living with dementia.
- People's rooms appeared clean and included personal items such as photos and pictures.

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. At this inspection 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

- The service had systems in place to monitor the quality and safety of the service, including medication, infection control and accident and incident audits. However, these systems and processes did not identify and address the issues we found during the inspection.
- Where care plan audits had been completed, these did not identify and address the shortfalls we found with people's risk assessments, mental capacity assessments and PEEP's.
- Medicines audits did not identify and address the issues we found with medicines prescribed as required and staff competency assessments.
- Policies and procedures were up to date and in line with best practice; however, they were not always implemented effectively. Staff had not received certified training and records were not maintained in line with the providers reducing physical intervention policy.
- We were not assured all shortfalls relating to fire safety, identified by the local fire authority in December 2022 were being addressed in a timely way. We found manual keypads had not been removed from all fire exit doors and the provider had not updated their fire risk assessment.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues.
- Some improvements had been made since the last inspection. We found infection control practices had improved and some areas of the premises had been refurbished.

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

- Most people and their relatives told us they were satisfied with the service. A person said, "I'd say there's a cheerful atmosphere, it's generally quiet, I would recommend it to other people."
- We received mixed feedback regarding communication with the service. Most people and relatives knew the management team and told us they were approachable. A relative said, "It's a good place, it's where

they need to be, I've got no worries or concerns about it. The staff are all lovely and approachable."

- However, some relatives told us communication could be improved. A relative said, "I'm pleased with it, the only thing is that communication could be improved. I only found out about something that had happened, when I visited. Otherwise, they're pretty good, I'd speak to the manager if I had a concern or complaint, but I haven't needed to."
- The service had systems in place to capture feedback from people and their relatives, such as resident's meetings and questionnaires. However, some people and relatives told us they hadn't attended a meeting or received a questionnaire. The registered manager told us they would review their procedures for capturing feedback.
- There was effective communication in place between management and wider staff team, records confirmed staff meetings were taking place.
- The service worked in partnership with health and social care professionals to ensure people received the care and support they needed to maintain their health and wellbeing. A professional who works with the service said, "I have found the management team very approachable and contactable and always helpful."

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

- People told us they had good relationships with staff and were able to make day to day choices regarding their care and support. One person said, "I get on well with all the staff, I like them, I can talk to them. [staff member] is my favourite lady, she's got a sense of humour, which is essential."
- Staff told us they felt supported by the management team and could raise any concerns. A staff member said, "Yes, we work as a team."
- Health and Social Care professionals spoke positively of the service. A professional said, "In terms of my service user, I feel that the service is managed well and provides a clear person centred approach."

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.
- Where concerns were identified during the inspection the management team acted promptly to make improvements.

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 11 HSCA RA Regulations 2014 Need for consent The provider was not operating in accordance with the Mental Capacity Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed, monitored and managed to keep them safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.