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Elgin Rest Home

Inspection report

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Essex
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Date of inspection visit:
06 February 2018

Date of publication:
14 March 2018

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

Elgin Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and care provided, and both were looked at during this inspection.

Elgin Rest Home is registered to provide accommodation with personal care for up to 17 older people, some of whom may be living with dementia related needs. There were 11 people living in the service when we inspected. The service is delivered over two floors from two houses that have been converted into one accommodation.

When we inspected the service in February 2017 the service was rated overall Requires Improvement. Following further information on an incident that had occurred in December 2016 we completed another focussed inspection specifically to look at Safe and Well Led. The rating of Safe remained Requires Improvement and Well Led was rated Inadequate.

We met with the provider and asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well Led to at least good. We found at this inspection the provider had taken the required action to improve the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were met by sufficient numbers of staff. People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. Medication practices were safe and dispensed by staff who had received training to do so. There were systems in place to minimise the risk of infection.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and speech and language therapist. The environment was

appropriately designed and adapted to meet people's needs.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their life.

The registered manager had a number of ways of gathering people's views; they held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

The registered manager had systems in place to review accidents/incidents and untoward events to ensure lessons were learned and shared with staff.

There were suitable control procedures in place to protect people from the risk of infection.

Medication was stored appropriately and dispensed when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's food choices were responded to and they received adequate diet and nutrition.

People had access to healthcare professionals when they needed to see them.

The accommodation and environment was suitably maintained.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were.
Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

There were provisions in place to support people at the end of their life.

Good ●

Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Good ●

Elgin Rest 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 inspection took place on the 6 February 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from the local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with eight people, three relatives, the registered manager, deputy manager and two care staff. We reviewed four care files, three staff recruitment files and their support records, audits and policies held at the service. We also looked at medication procedures, safeguarding concerns, complaints and compliments, and questionnaires received.

Is the service safe?

Our findings

At our previous inspection in May 2017 we had concerns that the service did not complete robust assessments on people's needs before they were admitted, to ensure that they could be met by the service. We also had concerns that staff did not have the appropriate training to meet people's care needs. We had concerns that medication was not being managed safely and we were not assured that people were receiving their medication in a timely manner. Due to this we breached the service under regulation 12 'Safe Treatment' of the Health and Social Care Act 2008 regulated activity. We met with the registered manager after the inspection in May and they provided us with information as to how they would address these issues. We found at this inspection that they had taken steps to improve the service to ensure people were being looked after safely.

One person said, "I am very happy living here, I feel safe." Another person said, "I feel very safe and secure here." A relative told us, "I know [relative name] is safe here, they keep an eye on them and check at night."

Staff knew how to keep people safe and protect them from safeguarding concerns. One member of staff said, "If I had a concern I would tell the deputy manager or manager. If needed I would follow the 'whistle blowing' policy and go to the CQC or local authority." The registered manager and deputy manager worked with the local authority to fully investigate any concerns to protect people. In addition the registered manager ensured staff learned lessons from investigations and implemented changes to policies and procedures to ensure people remained safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered such areas as preventing falls, moving and handling, nutrition and weight assessments, use of oxygen and prevention of pressure sores. We saw that staff had undertaken the appropriate training to support people using oxygen and this training was repeated when required for new staff. Before people were admitted to the service as part of the pre-admission assessment all their physical needs were assessed to ensure staff could support them. One person told us, "I have oxygen, the staff do it for me, and a lady comes in to assess how I am using it. I don't need it as much now." We saw that the equipment to supply oxygen had been serviced recently and this was done every six months. In case of equipment failure the service had a backup oxygen supply, which we saw was clearly care planned and documented how staff should use this. There was a fire plan in place and each person had a fire evacuation plan completed. Staff knew what to do in an emergency and if a person was physically unwell had procedures to follow which included calling for an ambulance or paramedic.

People were cared for in a safe environment. The registered manager employed a general maintenance person for the day to day up keep of the service and for more specialised work employed appropriate external contractors. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from the risk of infection. A relative told us, "The home is always clean and there are no odours." The registered manager had put together learning resources and policies for staff to follow should infections break out such as the Noro virus or influenza.

The registered manager ensured lessons were learned from any accidents or incidents and had processes in place to review these with staff. The registered manager fully investigated adverse events and discussed learning points or changes needed to practice in staff meetings. They also kept clear records about actions taken and worked transparently with other organisations such as the local authority.

The registered manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. In addition, the registered manager had worked out a schedule around the deployment of tasks to guide staff in completing their duties and supporting people. Throughout the inspection we saw there were staff available who spent time talking with people and supported their needs. Relatives and people we spoke with told us there were enough staff to support their needs. One person said, "There is never any delay in staff coming." A relative told us, "The staff are always around chatting and interacting with everyone."

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. One person said, "I only need to take medicine three times a day and the staff give it to me." A relative said, "They take good care with his medication." Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. Regular audits of medication were completed by the registered manager and deputy manager. We saw any issues identified were addressed.

Is the service effective?

Our findings

Staff had the skills and knowledge required to support people. The registered manager had worked in partnership with NHS trainers to develop staff skills. This had involved nurse trainers coming in and delivering face to face training to staff on a selection of subjects including falls prevention, dementia awareness and diet and nutrition. There had previously been an issue with staffs understanding around the use of oxygen. To address this the registered manager had a specialist come in to deliver training to all staff on how to use oxygen safely. As new staff started at the service, the registered manager had arranged for this training to be repeated so all staff have the same level of knowledge and understanding.

Staff at the service were supported to complete training relevant to their role and needs. One member of staff told us, "The manager is open at looking for training for me, when I have completed my NVQ level 3, I will be going on to do end of life training." New staff told us they had a full induction to the service including completing shadow shifts to get to know people and the routines of the service. During our inspection we saw one member of staff undergoing medication training with support from the deputy manager. The registered manager supported staff who were new to care to complete the Care Certificate. This is an industry recognised award and induction supporting staff to acquire the skills and knowledge they need to support people. Staff told us that they had regular staff meetings and supervision with the registered manager to discuss the running of the service and their performance. The registered manager also completed appraisals on staff and asked staff for their feedback so they could also assess their own performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being safeguarded.

People were very complimentary of the food. We observed a breakfast and lunchtime meal, which we saw was a very unrushed and social occasion. People sat together and chatted throughout the meal times. Individual diets were catered for and people had a choice about the food they ate. One person told us, "We have a roast on a Sunday and Wednesday and fish and chips on a Friday, if you really don't like something you can have something else." Throughout the day we saw snacks and drinks being made available for people to have.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where

appropriate to the GP for dietitian input. We saw the service had also referred people to a speech and language therapist when they had presented with swallowing problems for advice and support. Where appropriate the cook provided special diets such as fortifying people's food to encourage weight gain, and soft and textured diets as required to meet people's needs.

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses, palliative care team and G.Ps. The registered manager also arranged for people to have their needs assessed by an occupational therapist should they need additional equipment to support their needs. They also arranged for a physiotherapist to come to people as required. The deputy manager had attended training which they had shared with staff on how to recognise urinary tract infections and when to inform the G.P. This training was part of the initiative by the clinical commissioning groups to prevent hospital admissions. One person told us, "We see the GP if we need to, they come in to see us." During the inspection we spoke to a visiting health professional who told us the staff were very good at following their instructions and that they tried to educate staff every time they visited.

The environment was appropriately designed and adapted to support people. The service was spacious and people had personalised their rooms. Since our last inspection the service had been decorated externally as well as internally. We saw the redecoration was an on-going process with areas at the service in the process of being redecorated. In addition, the registered manager told us that flooring and carpets were continuing to be replaced. The registered manager had arranged for a new bathroom to be added on the ground floor to help support people's needs. They had also added CCTV to the communal areas of the service and had arranged for a magnetic lock to be added to the front door that was connected to the fire alarm system on recommendation from the fire service.

Is the service caring?

Our findings

People and staff with spoke with were all very complimentary of the staff and registered manager. One person told us, "Not only am I well cared for, but they are accommodating to. They [staff] show they care by listening to you." A relative told us, "It's a lovely small home we all know each other, it's like a family."

Staff had positive relationships with people. Throughout the inspection we saw people were relaxed in the company of staff and each other. There was a very friendly and relaxed atmosphere with people and staff socialising and interacting freely. We saw groups of people sitting together engaging in conversation and reminiscing with staff about their past and days gone by.

Staff knew people well including their preferences for care and their personal histories. We saw care records contained all the information staff would need to know people; such as their life histories, what is important to them and their likes and dislikes. We saw that people were supported as individuals to follow their routines. One person told us, "They know what time I like to get up and go to bed and the staff help me." Staff we spoke with demonstrated a good knowledge of the people they supported and spoke of them fondly. A relative told us, "The staff are very kind and caring."

People told us that staff respected their privacy and promoted their dignity. Although the service had some double rooms the registered manager told us they only used these for married people or couples that wished to share. Staff told us they respected people's privacy and dignity and supported them to maintain their independence.

People's diverse needs were respected. People had access to religious support of their choice. The registered manager had researched different people's faiths and cultural differences so that staff knew how to support them to celebrate special events that were important to them. They had also involved people's relatives to take part in important religious celebrations. Relatives told us that they were always made to feel welcome and could visit whenever they wanted to.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager completed a full pre-admission assessment to ensure people's needs could be met. One person told us, "My wife came and had a look around before I moved here." We saw that care plans were very detailed and tailored to each individual's care and support needs. Care plans were regularly reviewed and updated so that staff had all the details they needed to support people.

Staff encouraged people to maintain their interests and looked after their well-being. People told us they enjoyed varied interests and activities at the service. One person said, "We have activities, I love quizzes and playing the ball game." Staff told us they did varied activities with people every day and when the weather improved they liked to go out. The registered manager told us that people enjoyed sitting outside at the front of the service in the summer. They had improved the décor outside and people had helped to plant flower boxes ready for the spring. In addition to staff supporting people with activities the registered manager also employed a person who came in for a few hours every two weeks to do individual and group activities with people. The registered manager also arranged for external entertainment and was currently arranging for pets as therapy to come into the service.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. We saw that any complaints had been fully investigated and responded to. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints.

The registered manager worked closely with the community palliative care team and G.P.'s to provide people with the support they needed at the end of their life. Staff had received training in end of life care and care plans were individual and supported people's end of life wishes.

Is the service well-led?

Our findings

At our last inspection in May 2017 we had concerns with the governance of the service as the registered manager had not identified and actioned the issues we had highlighted. We also had concerns they had not fully investigated and actioned learning from a previous incident. At this inspection we saw the registered manager had worked hard to put processes in place to give them a full oversight of the service and to put their learning into place.

The service had a registered manager. 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.

The registered manager had a clear vision for the service, and staff shared this vision. One member of staff said, "We want this to feel like their home, that they are safe and have activities." The registered manager told us, "We want to continually keep raising the bar. To ensure people are happy and have as much input as they want."

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice. The registered manager understood their regulatory requirements and were prompt at sending notifications to the CQC when required.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people and through having meetings with people. We saw from minutes of meetings that they discussed improvements being made through redecoration and the registered manager sought people's opinions on this. We saw that people also discussed activities and what they liked to do for fun and relaxation. The registered manager also used questionnaires to gather people, relatives and other health professional's views on the service. We saw where negative feedback had been received from a relative the registered manager met with them to resolve the issues. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager worked in partnership with other agencies and had signed up to join a registered manager's forum run by the local authority, to share best practice ideas. In addition, the registered manager worked in close partnership with the NHS and clinical commissioning groups to provide training to staff and support to people using the service. The registered manager was active in engaging with the local community to provide activities at the service such as pets as therapy.