

Claremont Care Limited

Elmhurst Nursing Home

Inspection report

Armoury Lane
Prees
Whitchurch
Shropshire
SY13 2EN

Tel: 01948841140

Date of inspection visit:
12 July 2017

Date of publication:
14 August 2017

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

The inspection was carried out on 12 July 2017 and was unannounced.

Elmhurst Nursing Home is registered to provide accommodation with nursing care for up to a maximum of 37 people. There were 25 people living at the home at the time of our inspection, some of whom were living with dementia.

There was no registered manager in post at the time of our inspection. The service is required to have a registered manager. During our inspection, we met with the home manager who had applied to become registered manager of the service. 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.

When we undertook our last inspection in January 2017 we had concerns about the staffing arrangements and we issued a warning notice which required the provider to make the necessary improvements to improve people's quality of life. They submitted an action plan and we continued to monitor this. At this inspection we reviewed whether the provider had made the necessary improvements and we were assured they had.

At our last inspection January 2017, we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We gave the service an overall rating of 'requires improvement'. These breaches related to the provider's failure to provide person centred care; to deploy enough suitably trained staff; to ensure decisions made on people's behalf were made in their best interests and a lack of robust systems to drive improvements in the service. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care.

At this inspection, we found that provider had made significant improvements and was no longer in breach of the regulations.

There were enough staff effectively deployed to meet people's health and social needs in an unhurried manner. The provider had safe recruitment processes in place to ensure potential new staff were suitable to work at the home before they started work there.

People felt safe living at the home as staff were available to support them when they needed help. Staff were aware to the risks associated with people's needs and how to minimise them. Staff were knowledgeable about the different signs of abuse and would not hesitate to report their concerns.

People were supported to take their medicine as prescribed. Only staff who had received training in the safe administration of medicines and assessed as competent were able to give people their medicines. Staff

monitored people's health needs and arranged health care appointments as necessary.

People received care from staff that had the skills and knowledge to meet their individual needs. New staff received a structured induction and were supported by a mentor. Staff felt training opportunities offered were good and relevant to their roles and development needs.

Staff and management understood the principles of the Mental Capacity Act and supported people to make decisions about their own care. Where people were unable to make specific decisions themselves, these were made in their best interest to ensure their rights were protected.

People's nutritional needs were routinely assessed, monitored and reviewed. People enjoyed the food and were supported to eat and drink enough to maintain their health.

People found staff to be kind and caring. Staff treated people with dignity and respect and enabled them to remain as independent as possible.

People were given choice and felt listened to. People received care that was individual to them and responsive to their changing needs. Staff knew people well and supported them to take part in things they enjoyed doing.

People felt confident and able to raise any concerns they had with staff or management. Complaints were dealt with in line with the provider's complaints procedures. The provider encouraged feedback from people, their relatives and health care professionals to drive improvements in the service.

There was a positive working culture at the home where staff and management worked together as a team to deliver the vision for the service.

The provider had a range of checks in place to drive improvements in the service.

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 living at the home.

There were enough staff to meet people's health and social needs in an unhurried manner.

People were protected from the risk of harm and abuse by staff who knew how to recognise and report concerns.

People received their medicine as prescribed to promote good health.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received training and support relevant to their role and people's individual needs.

Staff understood the principles of the Mental Capacity Act and supported people to make decisions about their own care.

People were supported to access health care services as necessary.

People were supported to eat and drink enough to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and kind.

Staff treated people with dignity and respect.

People were given choice and felt listened to.

Is the service responsive?

Good ●

The service was responsive.

People received support that was personal to them.

Staff knew people well and were able to recognise and respond to changes in their needs in a prompt manner.

People felt able to raise any concerns with staff or management. The provider had systems in place to address complaints.

Is the service well-led?

Good ●

The service was well led.

There was a positive working culture within the home where staff and management worked together to achieve the vision for the service.

People had regular contact with the management team and found them approachable.

The provider had a range of checks in place to drive improvements in the service.

Elmhurst Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2017 and was unannounced. The inspection was conducted by two inspectors and an 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

The provider, Claremont Care Limited, went into administration in February 2016. The administrators of the home have employed a temporary provider to manage the service on their behalf.

During the inspection, we spoke with 10 people who used the service and four relatives. We spoke with 11 staff which included the home manager, the clinical lead nurse, one nurse, five care staff, one domestic staff member and two kitchen staff. We viewed three people's records which related to assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, accidents reports and two staff recruitment records.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is specific way of observing care to help us understand the experience of people who were unable to talk with us.

Is the service safe?

Our findings

At our last inspection, we found people did not always get the support they needed because there were not enough suitably trained staff effectively deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the provider to make the necessary improvements to improve people's quality of life. They submitted an action plan and we continued to monitor this. At this inspection we reviewed whether the provider had made the necessary improvements and we were assured they had.

People, their relatives and staff told us there had been improvements in how staff were deployed and how they supported people. One person told us, "I have been here for five years and I like it very much and I think it has got better. I used to worry a lot but I don't now as there is always someone to help me if I need them. I can be a bit unsteady and I worried about falling and they were always so busy I didn't like to ask for help. However, I do now as they are less rushed and I feel much safer." Another person said, "I have no concerns at all living here and it has got so much better." They went on to say, "I used to get a bit worried especially when they (staff) were rushed. That doesn't happen now." Staff felt working conditions were better and they did not feel as rushed as they had been.

The home manager told us they had fought for, and now had, two nursing staff on duty in the mornings. They based their staffing levels on the individual needs of people living at the home and regularly reviewed people's needs. If they found that they were no longer able to meet an individual's needs they would, and had, arranged multidisciplinary meetings to discuss alternative placements. They were also cautious to ensure that they had the correct staff levels and skill mix before accepting new people into the home. They still had to use agency staff for some shifts but these were regular agency staff who knew people's needs. The home manager told us if cover could not be found they would do care shifts themselves. We saw throughout this inspection that there were enough staff to meet people's needs in an unhurried manner. We also saw that staff had the opportunity to sit and talk with people.

People were protected from the risk of harm and abuse by staff who had the skills and knowledge to recognise and report signs of abuse. One staff member told us, "I would be concerned if residents became scared or 'flinchy' when approached. That would make me wonder why. I would always report any concerns to the managers because you never know what has happened. I would rather report and be wrong than not." The provider had informed us of any concerns of abuse and had taken prompt action to protect people from further harm. We saw that the provider had reported concerns to the local authority safeguarding team and completed investigations where necessary. The provider had systems in place to address any unsafe practice including retraining and disciplinary processes if necessary.

People felt safe living at the home. One person told us, "I have been here a few years and I am very settled thank you and I have no worries or concerns at all. I think the place has improved. Are you checking that the place is doing what it should be doing for us? It is I can tell you. We are all looked after and kept safe." Another person said, "The staff know me and I know them. They understand me. I am very comfortable and happy and have no worries." A relative told us, "We do not worry anymore about [family member]. We know

they are safe, happy and well cared for at all times."

We saw the provider had safe recruitment and selection processes in place to ensure new staff were suitable to work with people living at the home. A new staff member told us that the provider obtained references and clearance from the Disclosure and Barring Service (DBS) before they were allowed to start work. DBS checks enable employers to ensure that potential new staff are suitable to work with people.

Accidents and incidents were appropriately reported and recorded. The home manager had oversight of the accident and incident forms and took action to reduce the risk of reoccurrence. Where necessary they arranged GP appointments to establish if any underlying health concerns might have contributed to the incident. The provider analysed the accident and incident forms to monitor any trends.

We saw that individual risk assessments had been completed which included risk assessment of people's mobility, skin integrity and nutritional needs. Staff demonstrated they were aware of the risks associated with people's needs and how to minimise these. The home manager and clinical lead nurse told us, and showed us, they had recently commissioned the service of an external company to assess people's mobility and the equipment they needed to move people around safely. They were in the process of ordering the recommended equipment. Throughout the day we saw that staff supported people to move around the home safely. We saw that the provider had prepared personal emergency evacuation plans (PEEPS) should people need to be evacuated in the event of a fire or any other emergency.

People we spoke with told us there had been some changes to how they were given their medicine and they found this much better. One person said, "I take tablets and the times were changed but we talked about it first." The home manager explained that some people had time specific medicine that needed to be given early in the mornings and their routine medicines were given later in the morning. They had spoken with the people concerned and worked with the local pharmacist who had agreed they could be given all their morning medicine at the earlier time. We saw that people were given their medicine as prescribed and were stored securely

Is the service effective?

Our findings

At our last inspection we found the principles of the Mental Capacity Act 2005 had not always been applied by staff. People's ability to make decisions about their care and treatment had not always been assessed and we were not assured that decisions made on people's behalf were in their best interest. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us a plan to tell us how they would do this.

At this inspection we found that the required improvements had been made and the provider was no longer in breach of the regulations. 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. Staff had received training on the MCA and were able to demonstrate their knowledge and understanding of the implications for their practice. We saw, where required, people's ability to make their own decisions was assessed. If a person lacked the ability to make specific decisions we saw that best interest meetings were held involving the person, their relatives and where appropriate health care professionals. People told us staff asked their consent before supporting them. We observed that staff took time to explain to people what they wanted them to do and ensured they were happy to continue before they did so. One staff member explained that they always offered people choice and involved them in decisions. They said, "This is very important to me because, in my last job, everybody was considered not to have capacity because they lived in the home. My personal view is that I consider everybody to have capacity until proved otherwise." Another staff member told us they always asked people if they were happy to be supported and if they were not, they would leave them and return later to offer assistance.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had systems in place to ensure that DoLS applications were submitted and reviewed as and when necessary. Where DoLS applications had been authorised people were supported in the least restrictive manner to protect their rights.

People and their relatives were confident that staff had the skills and knowledge to meet their individual needs. One person told us, "I have absolutely no worries or concerns and neither does my family. I have this lovely room which I enjoy. I feel safe and secure because the care is always there. The staff are all vigilant at all times."

Staff were provided with a structured induction into their role which included essential training and an introduction to the provider's policies and procedures. A new staff member told us they had been allocated a senior member of staff as a mentor. They had been given an induction book to work through and were

unable to support people with certain tasks until they had received the relevant training.

Staff felt the training opportunities offered by the provider were good. One staff member told us, "I have had a lot of training and we have some more booked for next week. I am very happy with the level of training." Another staff member said, "We are still getting the training we need." The home manager told us that they continually looked at training and learning opportunities for staff. We saw that the staff notice board had information about specific conditions that people at the home were living with. The home manager found staff to be inquisitive and said staff would always ask if there was something they were not sure about. We saw that the home manager had systems in place to monitor staff training needs.

People told us they enjoyed the food. If they did not like what was on the menu they were offered an alternative of their liking. We saw that people were offered a range of drinks and snacks throughout the day. The home manager informed us they had sought advice from a dietician about how they could offer more choice of fortified food and drink. They were currently trialling home-made mousses and milkshakes. They had purchased food moulds for pureed foods to make them look more appetising. We saw that meals were presented well.

The cook told us the nurses provided them with details about people's dietary needs before they moved into the home to allow them to prepare and cater for any specific diets. Likewise the nurses let them know if people's needs changed. We saw that the cook kept a record of people who had specific needs such, as a pureed diet or required a diabetic diet. A nurse told us if they had any concerns about people's dietary needs or ability to swallow they referred them to the Speech and Language Team (SaLT) or a dietician. Records we looked at confirmed this. We heard the home manager and clinical lead discuss concerns about a person who was not drinking or eating much. They had spoken with the person's spouse to establish what may improve the person's intake. They were also considering fortified foods and agreed to discuss the situation with the person's GP.

People were supported to access health care as necessary. One person told us, "The doctor comes in weekly and all the other people [health care professionals] come in as well and if we need to see them, we can. If we are not feeling too good we just tell staff and they will get a visit organised." We saw that the provider had systems in place to record the reason for and outcome of visits by health care professionals.

Is the service caring?

Our findings

At our last inspection we found that people's dignity was not always maintained and people's private space and surrounding environment were not always respected. At this inspection we found the required improvements had been made. People felt that staff treated them with dignity and respect. One person told us, "They (staff) help me to dress and to bathe and I am never embarrassed. They are always respectful which is very nice and makes you feel good." Another person said, "They (staff) respect me for my individuality and my dignity is respected at all times. I have never been made to feel uncomfortable." Staff supported people in a discreet and respectful manner. We saw that the environment was no longer cluttered. People's rooms were organised to their individual preferences. Staff told us and we saw that the bathrooms had been decorated to improve people's bath time experience.

People told us that staff were kind and looked after them well. One person told us, "I am very happy to be so well cared for here in so many ways like this, getting my hair done." Another person said, "They [staff] really care for you here and always help you when you need it. They are always very kind and understanding and they do care for us very well." A relative told us, "They [staff] always go the extra mile here. [Family member] had to go into hospital and a carer went with them and stayed with them, ringing me regularly with updates because they know I live a long distance away and couldn't get there quickly. This was very reassuring for us as a family." Staff spoke about people with warmth and respect. One staff member said, "We love working here. I have been here for months and I love it and the residents. It's a pleasure to be able to look after them. I want to feel I am giving something back." Another staff member told us, "My job is to make people happy and see them smiling." A third staff member said, "I am here for the residents and I enjoy spending time with people." Throughout our visit we observed that staff were attentive to people's needs. Staff took time to sit and chat with people about day-to-day matters, there was lots of smiles and laughter. One staff member told us they enjoyed getting to know people and about what they had done in their lives. They said, "I find it quite interesting and they [people] like to know what I'm doing too."

People were involved in decisions about their care and given choices. One person told us, "The staff really do care, they help me to dress and choose my clothes. I have a bath every day which I like and they help me. I have never felt awkward or embarrassed, they respect me as a person." Staff told us, and we saw, that they offered people choices about what they wanted to do and how they wished to spend their time. Staff felt it was important for people to maintain their independence and supported people to do as much as possible for themselves. One staff member explained when they supported a person to eat they would put the food on the fork for them and put it into their hand so that they could eat it themselves.

Is the service responsive?

Our findings

At our last inspection we found that people did not always receive care that was tailored to their individual needs and preferences. Care was task-focussed and there was a lack of things to do to support people's emotional wellbeing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us a plan to tell us how they would do this.

At this inspection we found significant improvements had been made and the provider was no longer in breach of the regulations. People and their relatives confirmed they were involved in shaping their care plans and found staff to be responsive to their individual needs. One person told us, "The care here makes me feel happy and comfortable to be so well looked after. If I need anything doing or if I need to see anyone I just ask and it is organised for me." Another person said, "I chose to come here and it is wonderful. I worked in care and so I understand what it is like. I was really ill when I came in but they (staff) have worked hard with me and so has the doctor and I am now mobile again and much better. I still need the chair but I can walk with my frame." Staff were seen to respond quickly to changes in people's needs. We saw that one person became upset periodically through the day, staff provided immediate support and reassurance each time this occurred.

The home manager informed us that they assessed people's needs before admission to ensure they could meet both their health and social needs. Once admitted to the home they ensured all relevant risk assessments and basic care plans were in place within the first six hours. This was confirmed by nursing staff we spoke with who told us they took time to sit people to find out their preferences for care delivery. The care plan was kept under regular review as they found people's needs and preferences could often change as they settled in. Staff were encouraged to provide feedback to further develop people's care plans as they got to know them better or if people's needs changed. Staff told us they were kept informed of any changes in people's needs during staff handover meetings. They demonstrated they knew people well and were confident that they would recognise any changes in their needs. The management team operated a 'resident of the day' programme whereby each day the nurse went through a different person's care plan with them to ensure it was up to date. Staff also completed a room check and the kitchen staff checked what people would like to see on the menu. During our visit we observed that staff continually communicated with colleagues throughout their shifts to ensure consistent and safe support for people.

People told us they had access to a range of activities and that they were supported to do things they enjoyed doing. One person told us, "I am never bored here there is always something going on and the girls [staff] are always chatty. I like it as when I am reading I am of aware of it all in the background which is comforting." Another person said, "Everything is taken care of and thought about. I am never bored I join in if I want to, there is always something going on. They (staff) help me speak to my daughter as well on the phone which is good for us both. They are trying to help us find one [phone] I can use with my awkward fingers." The provider employed an activities worker who was on leave on the day our inspection. We were shown that there were a range of resources available for both the activity worker and care staff to utilise with people. We were told that the activities worker had recently supported people to make a scarecrow. This

was entered into and came third in a competition held in a local village.

The home manager was keen to develop the service and welcomed comments on the quality of the service. They were in the process of completing the annual survey about the quality of care. We saw that there was a large display of thank you cards in reception. One card read, "Thank you for the care that you gave to [family member] over the past four years. We know that they felt safe and cared for. Thanks also for the kindness shown to us on their passing." People and their relatives they felt comfortable to raise concerns with staff or management as they arose. One person said, "I think the care here is very good and if I have a problem I just raise it and it is sorted. We saw that complaints received were recorded and responded to in line with the complaints procedure.

Is the service well-led?

Our findings

At our last inspection we found that there were multiple breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan of how they intended to address the shortfalls in care. At this inspection we found improvements had been made and the provider was now compliant with the regulations.

At the last inspection the provider had not notified the Care Quality Commission (CQC) of two safeguarding referrals they had made to the local authority. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The home manager was present during our inspection and demonstrated a clear understanding of the regulations and the requirement to meet them. They had submitted statutory notification as necessary and had clearly displayed the ratings of the previous inspection in the reception area of the home.

The home manager told us their continued vision for the home was to provide outstanding care to the people living there. In doing so they strived for continual improvement. They said the home had been through some difficult times. They had worked hard to make improvements and acknowledged they still had some way to go. They hoped the news they had received about the sale of the home would give it the stability and resources to move forward. This was a view shared by staff. One staff member told us, "I am very positive and looking forward to the home moving forward." Another staff member said, "There is still room for improvement but we know that and are trying hard to make it good."

Staff felt supported in their roles and there was a real sense of team effort. One staff member told us the management team were very supportive of the staff team. They said, "They [management team] are in it with us." Another staff member told us, "Both managers [the home manager and clinical lead nurse] are very supportive. I usually go to [clinical lead nurse's name] because [home manager's name] is so busy. We have staff meetings as well but we all go to [Clinical lead nurse's name] if we have a problem. We don't wait for a meeting." A new staff member said, "I have been made to feel very welcome by the staff. I am local to the area and I feel that I am going to enjoy working here." Staff spoke of a better working environment and felt their opinion mattered. One staff member said of the management team, "They are easy to talk to and very supportive. They appreciate us as carers and listen to us when we have ideas or if we want a moan." They went on to say, "I now enjoy being here again. It became difficult to come to work but it is good again." Another staff member considered that the improved working conditions had positive impact on people. They said, "Residents are happier now as well. That is the most important point about what is happening." We observed that the management team were 'hands on', they offered and provided support to people and staff. People were seen to be comfortable in their company. One person told us of the clinical lead nurse, "They are a laugh and a half." We observed friendly banter between them both that caused laughter and smiles.

The home manager and provider had a range of checks in place to monitor the quality of the service and drive improvements. These included medicine and care plan audits. Where concerns we found that action was taken to address them. When an audit identified that a care plan was not reflective of the person's

needs the clinical lead nurse reviewed the care plan and made the necessary updates. The home manager and clinical lead nurse had identified that there were some gaps in recording on food and fluid charts and were in the process of addressing this with staff.

The home maintained links with the local community by taking part in community events such as the scarecrow trail. People were able to access the local day centre. A church representative visited the home and they received visits from the local school children. Staff also arranged trips out and celebrated events such as the queen's birthday.