

Claremont Care Limited

Elmhurst Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 10 and 11 February 2015 and was unannounced.

Elmhurst Nursing Home provides accommodation, personal and nursing care for older people and people living with dementia for a maximum of 45. There were 31 people living at the home when we inspected.

The home had a registered manager in post who was present for our inspection. 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.

At our previous inspection in July 2014, we found that there were not enough staff on duty during the night and some people were not supported with their drinks. The provider sent us an action plan telling us what improvements they would make.

People told us they felt safe living in the home. Arrangements were in place to protect people from

Summary of findings

potential abuse and staff had a good understanding about their responsibility of protecting people. We found that accidents were recorded and saw that the manager had taken action to reduce this happening again.

We found that the management of medicines did not always ensure people received their prescribed medicines. A medication administration record showed that a person had been given their medicines. However, this medicine was still contained in the blister pack. We saw medicines left on a person's bedside table but the medication administration record was signed to show that the person had taken them. These practices placed people's health at risk.

At this inspection we found that one record contained conflicting information about how many drinks the person required in relation to their health condition. Records also showed that a person did not have the recommended amount of drinks. There was no evidence of action taken to ensure the person had sufficient amounts of drinks. This placed people at risk of dehydration. People told us that the meals were good but they didn't have a choice. We saw that people were supported with their meals in a caring and dignified manner.

People told us that no restrictions had been imposed on them. The manager and staff had a good understanding of the Deprivation of Liberty Safeguards and when this should be applied. We saw that mental capacity assessments were in place.

People told us that they were involved in their assessment and care planning. Care records contained people's signature to confirm their involvement. This ensured that people received support and care the way they liked. We saw staff interact with people in a caring and kind manner and people told us that they were happy with the service they had received. People had access to other healthcare services to promote their health.

Support was provided to enable people to pursue their hobbies and interests. People had access to a variety of social activities. People had access to information that told them how to make a complaint and they told us that the manager always addressed their concerns.

There was a clear management structure and staff told us that they were supported by the manager. Staff had access to regular supervision and training to ensure they had the skills to provide a safe and effective service. Arrangements were in place to enable people to have a say in the running of the home. Meetings were carried out and people told us that the manager did listen to their views. Quality audit systems were in place but these needed to be reviewed to promote the safe management of medicines.

Summary of findings

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 consistently safe.

People told us they needed more support during the night because there wasn't always enough staff on duty to support them. People's medicines were not always given to them as prescribed. Staff understood how to keep people safe from harm and report accidents as needed.

Requires improvement



Is the service effective?

The service was not consistently effective.

People didn't have a choice of meals and staff did not maintain accurate records of people's drink intake.

People were supported by staff who had access to regular training and supervision from their manager. People's human rights were protected because staff understood how to work within the principles of the Mental Capacity Act.

Requires improvement



Is the service caring?

The service was caring.

People received care and treatment in a caring and dignified manner and they were involved in their care planning to ensure they received care and support the way they liked. People's right to privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their care and support needs. Staff had a good understanding of people's needs and how to support them.

People had access to information about how to make a complaint and complaints were taken seriously and acted on.

Good



Is the service well-led?

The service was not consistently well-led.

Quality monitoring audits were not robust to ensure people always received an effective service. Systems were in place to ensure people had a say in the running of the home.

People were aware of the management structure and there was a positive emphasis to drive improvements.

Requires improvement



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 10 and 11 February 2015 and was unannounced.

The inspection team consisted of two inspectors and one 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 was experienced in caring for older people.

We asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

Before our inspection we spoke with the local authority to share information they held about the home. We also looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 11 people who used the service, two relatives, the registered manager, the administrator, three nurses, the activities coordinator and one ancillary staff. We looked at five care plans, risk assessments, medication administration records, accident reports, rotas and quality audits. We observed care practices and staff's approach with people.

Is the service safe?

Our findings

At our last inspection in July 2014. We found that there were insufficient staffing levels provided during the night to meet people's needs. The provider sent us an action plan telling us that three care staff would be provided at night. At this inspection the rotas showed that three care staff were not always provided during the night. One person told us that the night before our inspection they had not been provided with the support they required to meet their personal care needs and they were left uncomfortable. They said, "There are never enough staff at night." A relative said, "Staffing sometimes appear to be stretched on the evening." One staff member told us that there were not always have enough staff and the manager acknowledged this. A nurse told us, "There might be a slight delay in responding to people's needs during the night because of the staffing levels." The provider had a dependency assessment that showed three care staff and a nurse was required during the night. However, the provider had not adhered to their own assessment. The rota showed that there were times when two care staff and a nurse were provided. This meant that people may not receive support and care when required.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The manager told us that they were in the process of recruiting additional staff. Staff told us there were sufficient staffing levels provided during the day. We saw that staff were nearby to assist people when needed and saw staff respond to call bells promptly.

The manager told us that the provider's recruitment practice ensured that appropriately safety checks were carried out before people started to work at the home. This was confirmed by the staff we spoke with. These checks ensured that people were suitable to work in the home.

People who lived at the home and relatives we spoke with had no concerns about the administration of medicines. We found that the management of medicines was unsafe. For example, we saw medicines left on a person's table. Discussions with a nurse confirmed that the person did not have the capacity to manage their medicines. The nurse

was unaware of when these medicines had been administered and was in the process of supporting the person to take their morning medicines. The medication administration record (MAR) from the previous day had been signed to show that person's medicines had been administered. This meant that appropriate arrangements were not in place to support people to take their medicines. We also saw that one MAR had been signed to show that the medicine had been administered. However, the medicine was in the blister pack. The manager was unable to explain the discrepancy. We found that where people self-administered their medicines, a risk assessment had been put in place that ensured this was carried out safely. We saw that appropriate arrangements were in place for the storage and disposal of medicines.

People told us that they felt safe living at the home. Staff told us that they had received safeguarding training and were aware of their responsibilities of protecting people from potential abuse. Staff said they would report any poor care practice or abuse to the manager. Staff were aware of the provider's safeguarding policy that provided them with additional information about how to protect people. During our inspection one person shared concerning information with us. We shared this with manager who took swift action to protect the person and reported this to the local authority under safeguarding procedures.

One person said they had sustained a fall and the manager had taken action to reduce the risk of this happening again. We found that accidents had been recorded and showed what action had been taken to reduce further risk. For example, records showed that one person had sustained a number of falls. The manager told us that the person's physical health had declined and the GP had been contacted to provide the required treatment. This showed that people could be confident that action would be taken to reduce the risk of accidents. Staff told us they had access to various risk assessments that provided them with information about how to safely support people with their care needs. The care records we looked at contained detailed risk assessments. For example, one risk assessment provided information about the equipment required to support the person with their mobility. We saw staff use the equipment identified in the risk assessment to promote their person's comfort and safety.

Is the service effective?

Our findings

A person told us, “The staff are good and dedicated.” Staff told us that they received regular supervision. One staff member said, “I always get the support I need.” Discussions with the manager and staff confirmed they had access to regular training. One staff said they had access to training that provided them with the skills required to undertake their role.

One person told us that they felt confident that staff had the skills to care for their relative. The manager said that all new staff had an induction. A staff member told us that their induction had been well structured to support them in their new role. They told us they had been supported by experienced staff and was provided with training. People could be confident that new staff would be supported to provide them with an effective service.

One person said, “The doors are not locked, there are no restrictions here.” One staff member told us that there were no restrictions imposed on people. The manager had a good understanding of Deprivation of Liberty Safeguards (DoLS). DoLS are required when this includes depriving a person of their liberty to ensure they receive the appropriate care and treatment. The manager said no one had a DoLS in place. The manager and staff had a good understanding of the Mental Capacity Act 2005. We saw that mental capacity assessments had been carried out when required but arrangements were not in place to review these. For example, one care record showed the person had capacity. During the inspection we heard the person repeatedly ask to leave the home and they were not supported to do so. Care records showed that the person’s mental health had declined. Their mental capacity assessment had not been reviewed to reflect this. This placed the person at risk of their liberty being deprived unlawfully. The manager assured us that the person’s mental capacity would be reassessed.

One person said, “The food is good but we don’t have a choice.” Another person told us that choices of meals were not available and said, “If you really dislike the food they will do something else for you.” The manager confirmed that the menus did not provide a choice of meals but said this would be reviewed.

At our previous inspection in July 2014, we found that people were not provided with support to drink sufficient amounts. At this inspection staff were aware of people’s dietary needs and the support they required to eat and drink. Where concerns had been identified that people required additional support with their meals, food and drink monitoring charts had been put in place. We found that one person had not received the required amount of drinks has identified in the care record. There was no evidence of what action had been taken to ensure that this person had enough to drink. Another care record provided staff with conflicting information about how much a person required to drink in relation to their health condition. People told us that they did have access to drinks at all times.

The manager and staff told us that when needed people had access to a dietician and a speech and language therapist (SALT). We saw people eating their meals in the dining room and in their bedrooms. We saw that staff were nearby to support people with their meals when needed. People had access to specialist equipment such as rimmed plates and beakers to promote their independence to eat and drink.

Records were maintained of people’s weight. Where concerns had been identified action had not always been taken to address this. For example, one record showed that if a person’s weight loss was greater than 5%, the person should be reweighed within two weeks. However, records showed that 34 days had lapsed before this had been reviewed. The manager was unable to say whether the person had been weighed and staff had failed to record this.

One person told us that they had access to a GP when needed. One person told us that their relative could see the GP when needed and that the GP visited the home every Thursday. Staff confirmed that people had access to other healthcare services when needed and we saw evidence of this in people’s care records. On the day of our inspection staff had raised concerns about a person having difficulty swallowing. We saw that prompt action was taken to contact the SALT.

Is the service caring?

Our findings

One person told us, “They look after you here; they are very good to me.” Another said, “The staff are very pleasant.” One person told us that they were satisfied with the support provided to them. Another person told us about the assistance they required to mobilise. They said, “The staff are very supportive.” We saw staff interact with people in a kind and caring manner. One staff member told us about the importance of explaining to people what they intend to do and to talk them through the process and reassure them. A person told us, “I get the care I need.”

Two people told us that they were involved in their care planning. We saw that where people had capacity they had signed their care plan to show their involvement. This ensured that people received care and support the way

they liked. We saw that care plans had been reviewed regularly to reflect people’s changing support and care needs. One person told us that they had been involved in their relative’s care planning. They told us that the manager always informed them of their relative’s changing healthcare needs.

People told us that staff did respect their right privacy and dignity. One relative said, “My relative is respected and their dignity is always maintained.” During our inspection we saw staff knock on bedroom doors before entering. Staff had a good understanding of the importance of promoting people’s right to privacy and dignity. One staff member told us that a person liked to have their bedroom door closed at all times and we saw that the person’s wishes had been respected. We saw that people were supported with their personal care needs in a private area.

Is the service responsive?

Our findings

One person told us that the manager had carried out an assessment before their relative moved into the home. Discussions with the manager and the care records we looked at showed that people had been involved in their pre admission assessment before they were admitted. The manager said that during the assessment people had the opportunity to say what support they required to meet their needs. This was also confirmed by one relative we spoke with. Staff had a good understanding of people's care and support needs. For example, discussions with a nurse confirmed their understanding of people's support needs and they were aware of information specific to the individual with regards to their past history and things important to them. Care plans provided information about people's care, support, treatment needs and their past history.

One person said, I read the newspaper and get involved in all the activities. They told us, "I enjoy everything." They told us about their interests and said that staff had supported them to pursue this. An activities coordinator had been appointed and on the day of the inspection they

were making arrangements for St Valentine's day and talked to people about the preparations. On the day of our inspection various animals were brought into the home and people told us they enjoyed holding the animals. Religious services were carried out at the home for people who wished to take part. A notice board in the home provided information about weekly activities. One person told us about activities they were involved in outside the home and that staff had supported them to pursue this.

One person told us they would share any concerns they had with the manager. They said, "They always sort things out." Another person said, "My relative keeps an eye on my care and will raise any issues with the manager." They told us that past concerns had been dealt with. The provider's complaint procedure was accessible. Information about how to make a complaint was also contained in the service user guide that had been given to each person. Complaints had been recorded. The manager said that a written response was sent to the complainants. However, a copy of the response had not been maintained. The manager told us that copies of responses would be maintained in the future.

Is the service well-led?

Our findings

One person said, “We’ve got a meeting today and the staff do listen to me.” We saw that this meeting was carried out. The manager said that where people were unable to attend the meeting, the activities coordinator would meet with them on an individual basis to find out their experience of using the service. They would also obtain their views about how the service was managed. One person said they had been given the opportunity to attend training sessions that had been arranged for the staff. They said this gave them a better understanding of fire safety and the Deprivation of Liberty Safeguards. They told us that they were supported to maintain links with their local community. For example, the local church and coffee mornings that enabled them to maintain contact with people outside the home.

A staff member said that the culture of the home had improved since the appointment of the new manager. They said the manager was very supportive. They told us that the manager sometimes worked on a Saturday and said, “The manager sits and chats with people and their relatives.” The manager told us that this gave them the opportunity to find out if people were happy with the service they had received.

One person said, “The manager is not bad.” Relatives told us that they were happy with the service provided and felt confident to approach the manager if they had any concerns. The manager demonstrated a clear leadership

style and staff told us that the management team were very supportive. The manager was aware of the shortfalls identified at our previous inspection. They acknowledged that action had not been taken in timely manner to ensure that sufficient staffing levels were provided during the night. They assured us that action would be taken to address this. Staff told us that they had access to regular meetings and felt confident that the manager listened to their views. During our inspection we saw the manager engaged with staff in a professional manner.

One person told us that they were frequently given a quality assurance questionnaire to complete. They said, “I don’t always receive feedback.” The manager told us these questionnaires were given to people every six months to complete. Information collated from these questionnaires was fed back to people during meetings or on an individual basis. These were part of the arrangements in place to monitor the service people received. Audits were in place to promote the safe management of medicines. However, the manager acknowledged that these audits were not robust and did not identify the short falls we found during our inspection. Where staff were responsible for the management of medicines, we saw that competency assessments had been carried out to promote good practices. However, we found discrepancies with practices. Daily audits to monitor how much people had to drink were not robust to ensure people received the recommended amount of drinks and this placed people at risk.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p> <p>The provider is required to ensure that there are sufficient numbers of staff provided at all times, so people's support, care and treatment needs are met.</p>