Elmbridge Residential Home Limited

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Elmbridge House Residential Home on the 2 and 6 February 2017. Elmbridge House Residential Home is a residential home for up to 16 older people. Many of these people were living with dementia. 14 people were living at the home at the time of our inspection. This was an unannounced inspection.

There was a registered manager in post. 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.

We last inspected in October 2015 and found that the provider was not meeting a number of the regulations. We found that people did not consistently receive safe care and treatment, because staff had not always administered their medicines as prescribed. Following our inspection the registered manager told us immediate actions would be taken to ensure people would receive their medicines as prescribed.

Whilst the registered manager had taken some action, including reducing the stock of people's prescribed medicines and ensuring care staff had received further management of medicine training, people were still at risk of not receiving their medicines as prescribed. Care staff did not always keep an accurate record of when they had assisted people with their medicines. Care staff had signed to say they had administered some people's medicines; however these medicines had not been given to the person.

The registered manager had implemented systems to monitor and improve the quality of service people received, however these systems were not always effective. The registered manager did not have formal systems to monitor the skills and competency of staff. Additionally there were not clear structured formal systems to seek the views of people's relatives or visitors.

People and their relatives were generally positive about the home. People felt safe and looked after. People told us they enjoyed the food they received in the home and had access to food and drink. People told us there was not always something for them to do at Elmbridge Residential Home; however they enjoyed living at the home. People benefitted from positive caring relationships with care staff.

People's care and risk assessments were often person centred and reflective of their needs. Care assessments give care staff and nurses clear information in relation to people's needs. The risks associated with people's care was not always clearly documented, however care staff knew how to meet people's needs and protect them from risk.

Staff were deployed effectively to ensure people's basic needs were met and kept safe. All staff felt they had received the training they needed meet people's healthcare needs. Staff felt supported, by the registered manager.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulation 2009. You can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People did not always receive their medicines as prescribed. Care staff did not accurately record the support they had given people around their medicines.

Staff were deployed within the service to ensure the safety of people and protect them from risk. The provider and registered manager did not always ensure appropriate checks were carried out to ensure staff were of good character.

Staff knew the risks associated with people's care and had guidance to manage them; however these risks and the support people needed to reduce them were not always recorded. People felt safe, and staff understood their responsibilities to protect people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective. People were supported by staff who had access to the training however their competency was not always monitored.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices. Staff had knowledge in relation to the Mental Capacity Act 2005 and protected people's legal rights.

People were supported to attend healthcare appointments. Staff followed the guidance of external healthcare professionals.

Is the service caring?

Good

The service was caring. People were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. People did not always have access to activities which were personalised to their hobbies and interests.

People's care assessments were reflective of their healthcare needs; however there was not always a clear record of their life histories or their interests and hobbies.

The provider and registered manager responded to concerns and people and their relatives felt confident they could raise concerns to the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led. The registered manager did not always have effective systems to improve the quality of the service people received.

While the registered manager had systems to seek people's feedback, there was no formal system to seek the feedback of their relatives, people important to them or healthcare professionals. The registered manager did not have formal systems to identify the skills and training needs of their staffing team.

People, their relatives generally spoke positively about the registered manager.

Elmbridge Residential Home Limited

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 was 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 2 and 6 February 2017 and was unannounced. The inspection team consisted of two inspectors.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with two healthcare professionals and both local authority and clinical commissioning group commissioners about the service.

We spoke with four people who were using the service and with four people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four care staff and the registered manager. We reviewed five people's care files, care staff training and recruitment records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2015, we found people did not always receive their medicines as prescribed. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While the registered manager had taken some action, including reducing the stock of people's prescribed medicines and ensuring care staff had received further management of medicine training, people were still at risk of not receiving their medicines as prescribed.

At this inspection we found there was evidence that some care staff were not always acting in accordance with the proper and safe management of medicines. For example, care staff had not always given three people their medicines in accordance with their prescription, however they had recorded they had administered these medicines. We discussed these concerns with the registered manager who informed us of the actions they were planning to take to reduce the risk of future occurrences. These actions included, reducing the amount of boxed medicines, weekly audits of people's prescribed medicines and discussions with staff.

Care staff did not consistently keep an accurate record of when they assisted people with their medicines. For example, staff had not always signed to say when they had administered medicines.

People's medicines were not always being stored in accordance with the manufacturer's guidelines. For example, prescribed medicines which needed to be stored in a fridge were being stored in a travel fridge. This fridge did not always meet the temperature range required to store these medicines. The registered manager told us they were in the process of procuring a fridge to ensure people's prescribed medicines were stored in accordance with manufacturer guidelines.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records were not always an accurate reflection of how their risks were being managed. We were concerned about the safety of one person who sat in a chair in the communal area of the home as staff used unconventional moving and handling techniques. We raised this with the registered manager who told us they had liaised and worked with health care professionals to discuss the possibilities available to ensure this person's safety. The person's care plan detailed various options of equipment and chairs which had been considered. However, the care plan did not reflect the current situation and the reasons why certain practices were being used. This meant staff were not provided with the rationale and guidance to care and support people in a safe and least restrictive manner.

The home was using assessment tools to assess people's risks; however where high risks had been identified there was not always a care plan in place to inform staff of how to manage their risks. For example, one person had been assessed as being at risk of pressure ulcers. Staff were aware of their risks and provided the support they required to ensure the person skin was not compromised such as good nutrition and regular turning. However the management of the prevention of pressure ulcers was not recorded in their care plan,

including joint working with other healthcare professionals. Care staff we spoke with explained how they checked people's skin when assisting them with their personal hygiene and how they worked alongside district nurses when people living at the home had pressure area sores.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's risks were largely being managed well by staff who were knowledgeable about their individual risks and needs. Some people had complex physical needs as well as living with dementia. We observed staff were relatively well-informed about the care and support they provided to people and could tell us about people's individual needs and risks.

People and their relatives told us Elmbridge Residential Home was safe. Comments included: "I'm clearly safe here"; "I am happy here, I feel safe" and "I'm happy he's safe here. I couldn't wish for him to be anywhere else."

Records relating to the recruitment of new project workers showed the majority of relevant checks had been completed before staff started to work at the home. We were told the registered manager discussed the employment histories of new staff at their interview such as gaps in their employment but this was not always recorded. The registered manager told us they would ensure these discussions were now recorded.

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would raise any concerns to (registered manager) immediately." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "If I felt (registered manager) hadn't acted on it, I would whistle blow and report it to CQC or the local council".

People and their relatives told us there was enough staff deployed on a daily basis to meet people's needs. Comments included: "There is always a member of staff around if I need them"; "There are always staff around when we visit" and "No complaints. The staff are looking after him and after me too."

Staff told us there were enough staff deployed to meet people's needs. Comments included: "I think we always have enough staff present" and "We have enough staff to meet people's needs."

There were sufficient people to meet people's needs. Most people spent their day in the communal areas of the ground floor and were supervised by staff. A senior staff member was always on duty to support people with their medicines and manage the shift. Where there had not been enough staff to meet the desired staffing levels of the home, staff had picked up extra duties to ensure people were cared for by consistent and familiar staff members. We observed that staff regularly checked on those people who spent time in their bedroom. All staff available responded to call bell alerts from people. We were told this was normal protocol for all staff to attend to people who had alerted staff using their call bell.

Requires Improvement

Is the service effective?

Our findings

People received individualised care from staff who felt they had been trained to carry out their roles. Comments included: "There is always lots of training on offer"; "I think I have everything I need" and "I have everything I need. (Registered manager) gets me training if I ask for it."

However, the skill levels and competencies of staff were not consistently monitored. Most staff had received online training deemed as mandatory by the registered manager in various subjects including safeguarding, communication and nutrition. Some courses had been delivered or signed off by the registered manager. However the registered manager was unable demonstrate how they kept their training and knowledge up to date to ensure that their assessment of staff was accurate and in line with current practices.

The registered manager told us they observed the skills of staff; however we found that some staff had not embedded their knowledge into their practices. For example, Staff had received training in supporting people with dementia; however we found some staff attempting to move people without informing people of their planned actions.

We raised concerns that some of the online training courses delivered did not contain an element of practical training to help staff embed their learning such as on the best practices to assist people with mobility and transfers, particularly where care staff were using unconventional moving and handling techniques. The registered manager explained that health care professionals had provided advice and training around specific areas and that staff were being booked to attend classroom training such as first aid and manual handling training. Staff had been supported to undertake national vocational qualifications in health and social care and additional courses in such as insulin management.

Staff told us they were supported in their role and felt their colleagues; senior staff and the registered manager were approachable. The registered manager told us they provided support to staff daily and often used staff meetings to support staff, share any concerns and reflect on incidents. However, there were limited notes of when staff had been given the opportunity to discuss and reflect on their own personal development. Regular private support meetings would enhance the systems in place to support staff and give them the opportunity to discuss any issues or training requests.

New staff were shown around the home and provided with key policies and procedures such has the fire and the health and safety policies and spend time with people. Senior staff assisted in the induction and mentoring of new staff. The registered manager told us they observe the skills and knowledge of new staff against an induction checklist before they became part of the team; however this was not consistently completed. The registered manager was aware of the care certificate which helps to monitor the competences of new staff against expected standards of care. We were told that staff without care experience would be expected to complete the care certificate.

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 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. People were encouraged to make day to day decisions about the care and support they received. Staff were knowledgeable about the importance of gaining consent from people when supporting them with personal care. People's care records reminded staff to provide people with choice and options about their care.

The registered manager, provider and representatives of the provider ensured where someone lacked capacity to make a specific decision, mental capacity assessment and if necessary a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they were to leave the service unsupervised. The provider made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

People and their relatives told us they enjoyed their food. Comments included: "The food is alright", "The food is perfect for me" and "I like it, I never go without".

The care staff were responsible for the planning, preparing and cooking of people's meals. The kitchen was being refurbished during our inspection; so on the first day of the inspection, people enjoyed a takeaway meal of fish and chips for lunch. On the second day, people given a home cooked meal which they enjoyed. The meal was presented in a way people could see all the different types of food.

One care staff told us they tended to be responsible for providing people's meals. They told us, "We always ask for people for their likes and dislikes. We know there needs and what they like. They can have what they want. We offer them choice, if they want the usual." They told us how they met people's individual dietary needs including diabetic diet and that they had received the training they needed to ensure people's dietary needs were met.

We were shown a copy of the home's five week rolling menu which provided staff with the guidance on the meals that should be prepared and cooked. A notice stated that people's preferences and like/dislikes of food had been noted when planning the menu and alternative options were available if required.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. We spoke with a GP who covers the healthcare needs of people living at Elmbridge Residential Home. They spoke positively about how the care staff and registered manager met people's needs. They said, "I have a good working relationship with staff. Staff get in touch with me frequently; they give me all the information I need. The staff follow the guidance I put in place. In fact we've come up with a plan together to ensure people have their needs met."

Good

Is the service caring?

Our findings

People had positive views on the caring nature of care staff. Comments included: "I'm happy here the girls are lovely"; "I think they're all caring" and "I feel looked after."

Relatives felt their loved ones were cared for at Elmbridge Residential Home. Comments included: "We are very happy with the home and staff. We can come and go as we please"; "Staff are lovely"; "We feel extremely lucky that dad is living here, we have no worries"; "We have been very happy with the home and have no concerns at all" and "I think it is a lovely place. The staff are like a big family."

Care staff interacted with people in a kind and compassionate manner. There was a calm and pleasant atmosphere in the home and people and staff had a good relationship. We saw that staff were friendly and respectful in their approach to people. Care staff adapted their approach and related with people according to their communication needs. For example, we observed staff assisting people with their daily needs. Care staff offered assistance to one person who had fallen asleep at the dining room table after lunch. Staff offered them a cushion or to support them to a comfy lounge chair which they declined.

Care staff interacted with people in a caring and positive manner. It was clear staff knew them well and spoke of their past careers and families. They provided people who became upset with reassurance. For example, one person wanted to see their family member, staff reassured them and explained what they would be visiting soon. The care staff member was able to state all their family members' names which reassured the person. They then went to discuss their holidays and past travelling experiences.

Care staff were attentive to people's needs. For example, When people expressed that they were thirsty or hungry, care staff immediately responded and offered them a choice of drinks or food. People's choices were respected and acted upon.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs with staff, they confidently spoke about them. For example, one care staff member was able to tell us about one person, including how they liked to spend their days and the things which were important to them such as popping out of the home for walks in the garden and attending a local snooker club.

People were able to personalise their bedrooms. One person had items in their bed room which were important to them, such as pictures of people important to them. Care staff respected the importance of people's bedrooms. They ensured people's bedrooms were kept clean and knocked on bedroom doors before entering.

People were treated with dignity and respect. We observed care staff assisting people throughout the day. One person was being cared for in bed. Care staff regularly checked on this person. They always knocked on the person's door and introduced themselves. All care staff were aware of the person's needs and spoke positively about respecting the person.

Requires Improvement

Is the service responsive?

Our findings

There was little evidence that people's individual interests and social needs were being met. People's care records did not always clearly document their life histories, interests or hobbies. For example, one person's relatives told us their relative liked to draw and also liked to engage with building blocks. They had told the registered manager this on the second day of our inspection, however they had not been asked for this information when their relative was admitted. They told us, "It's not always clear he's engaged. He doesn't appear to do much and there are things he likes to do".

Care staff needed to support people to access arts and crafts materials, as these were stored in a cabinet within the dining room. We discussed our observations, and the views of people and the registered manager. The registered manager showed us pictures they had taken of people enjoying activities and told us how they supported people. The registered manager was planning to ensure arts and crafts items were readily available for people to access without the need to ask care staff.

People spent most of their day resting or sleeping in the lounge or dining room. Activities in the home were provided by all care staff. The activities programme indicated people had the option to attend various group activities such as a DVD night or quiz evening during the week of our inspection. We were told people enjoyed visiting entertainers and a weekly music and movement sessions and were encouraged to join in. On the first day of our inspection people enjoyed a music and movement session and could be seen smiling and laughing during this time. Additionally, a small church service was available for people at the weekends.

Staff interacted with people by chatting with them and some staff assisted people with some art activities. We were told some people had recently enjoyed a shopping trip and two people had enjoyed a trip to a local snooker hall. Most people were unable to express their views on the activities provided, however some people told us there was not always things for them to do within the home. One person said, "We just sit around, sometimes I'm bored." Another person told us, "it's okay here, sometimes it's a bit too quiet." When asked what they would like to do in the home, they were unable to tell us, however they did state they were happy living at Elmbridge.

We recommend that the provider consider recognised guidance around the provision of person centred activities within Elmbridge Residential Home.

People's care plans were detailed and, although they didn't always reflect the way some risks were managed, they reflected their needs. They provided staff with information about people's backgrounds. Information about people's levels of independence and how they liked to be supported was documented. Information leaflets were available for staff to read about people's specific health conditions. People's needs, goals and support requirements had been recorded about most aspects of people's care. However whilst we found staff were knowledgeable about people, the information recorded about their backgrounds and interests was limited. Care staff told us people's care plans gave them the information they needed to meet people's needs.

People's ongoing needs were recorded. Care staff kept a detailed daily record of the needs and wellbeing of people living at Elmbridge. Care staff recorded what people had done during the day, how they had assisted them or if there had been any concerns or incidents. These records enabled all care staff to have the information they needed on people's current needs and wellbeing.

People's relatives told us they were informed if their relative's needs had changed or if there were any concerns. For example, relatives were informed if there had been any accidents within the home, or if a doctor had been called to visit their relative. One relative told us, "The care staff are very good they keep me informed." Another relative told us, "We are always informed of any changes or if we need to come in. The staff are responsive and caring."

People and their relatives told us they knew who to contact if they had concerns around the service. Since our last inspection the people's relatives felt confident their concerns would be responded to by the new management team. For example, one relative told us, "I know I can always go to (registered manager) and they will sort it out."

The registered manager kept a record of complaints and compliments they had received. Where complaints had been received these were recorded alongside a clear response to the concerned party. Where lessons could be learnt, these were discussed with staff.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2015, we recommended that the registered manager sources a governance framework to monitor the quality of service and safeguarding practice. Following this inspection the registered manager had implemented some formal systems to monitor and drive the quality of the service. However these systems were not always effective in identifying concerns and driving improvements within the home.

The registered manager carried out an annual management of medicine audit in 2016. This audit covered areas such as care staff recording and the safe storage of people's prescribed medicines. However the audit did not enable the registered manager to identify concerns around the safe administration of people's prescribed medicines. For example, at our October 2015 inspection and this inspection we identified people were not always receiving their medicines as prescribed. The audit did not provide clear guidance in this area, and therefore was not effective in identifying risk and driving improvements.

The registered manager carried out an infection control audit in January 2017. This audit was not specific to the service and was aimed at services provided in a nursing home. The audit did not effectively focus on the systems the service operated or on the cleanliness of people's rooms.

The registered manager had no formal system for seeking and acting upon the feedback of people's relatives and external professionals. We discussed this concern with the registered manager who informed us they spoke with relatives on a monthly basis. This was confirmed by two of the relatives we spoke with. The registered manager discussed ways of improving how they recorded feedback from people's relatives, which included monthly recorded discussions.

The registered manager told us they had a good understanding of the development and support needs of staff. They told us they were always available to support staff and discussed with staff at the beginning of the year about their training requests and preferences. Staff files were shared with us which included their training certificates. However the registered manager did not have a system in place which indicated the expected frequency of training updates or when staff training expired. The registered manager told us they were confident that staff were knowledgeable and observed staff skills and practices on a daily basis but this was not recorded. They informed us they would implement a training matrix to aid with the identification of staff training and needs.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives spoke positively about the registered manager. Comments included: "I think the service is run well"; "(registered manager) is marvellous. They know what do and say. It's fantastic" and "(registered manager) is very good. They couldn't be more accommodating, very positive." One relative told us they knew who the registered manager was, however felt they hadn't had experience of communicating with them.

Staff were positive about their role and the support they received from the team and registered manager. One staff member said, "It's a really interesting and a nice place to work." They explained that the registered manager was approachable and would always answer their concerns or queries.

The registered manager had a system to record the feedback of people living at the home. They kept a clear record of involvement people had, which included how people were supported to help with changes in the home, such as choosing wallpaper within the home and asked what activities they liked to participate in. People's dietary preferences were also discussed.

The registered manager and care staff operated a cleaning schedule. This enabled care staff to ensure the home remained clean for people. We saw evidence of these schedules which included the tasks which had been undertaken.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe care and treatment. People did not always receive their prescribed medicines. Regulation 12 (f) (g).

The enforcement action we took:

We have issued a positive condition informing the provider they must make improvements by 31 July 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems established to ensure compliance were not always operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not maintain accurate, complete and contemporaneous record in respect of each service user Regulation 17 (1) (2) (a) (b) (c) (e).

The enforcement action we took:

We have issued a positive condition informing the provider they must make improvements by 31 July 2017.