

Avery Homes (Nelson) Limited

Elvy Court Care Home

Inspection report

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Date of inspection visit:
22 September 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elvy Court Nursing Home is registered to provide people with nursing and residential care. It can accommodate older people, younger adults and people who live with dementia. It can also support people with physical and/or sensory adaptive needs.

At the time of this inspection there were 46 people living in the service. The service can accommodate up to 55 people.

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

People told us they were safe at the service and well supported by staff. A person said, "The staff are good to me and I like them." In a thank-you card to the service a relative said, "Thank you for all the love and care you showed my mum. You made her final years a much calmer and happier time."

People were safeguarded from the risk of abuse. Risks to health and safety had been managed and people received safe care and treatment. Medicines were managed safely in line with national guidance. Sufficient staff were deployed and safe recruitment practices were in place. Infection was prevented and controlled. Lessons were learned when things went wrong.

People received care promoting their dignity and independence.

Quality checks monitored and evaluated the service, regulatory requirements were met and good team-working was promoted.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 10 September 2019). The service was in breach of three regulations of the Health and Social Care Act 2008. These related to safe care and treatment, promoting people's dignity and independence and quality check to monitor and evaluate the service.

The registered provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the registered provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to gain an updated view of the care and support people received. This was a planned inspection based on the previous rating. This report only covers our findings in relation to the

Key Questions Safe, Caring and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infectious outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has now improved to Good. This is based on the findings at this inspection. Please see the Safe, Caring and Well-led sections of the full report.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service caring?

Good ●

The service was caring.

Is the service well-led?

Good ●

The service was well-led

Elvy Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID 19.

What we did before inspection

We reviewed information we had received about the service since the last inspection including submitted action plans. We sought feedback from the local authority and professionals who work with the service. We used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived in the service and observed some of the care four more people received in communal areas. We spoke with two nurses, five care staff, the administrator, regional manager and registered manager.

We reviewed the care plans for four people. We also looked at records relating to the management of medicines, health and safety records and key policies and procedures.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. We looked at training data, audits and staff allocation records. We also spoke by telephone with four relatives who gave us their views on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse

At the last inspection there was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A person living in the service had been subjected to rough treatment. Although the registered provider had quickly taken steps to keep the person safe, we needed more reassurance the measures taken would be effective in reducing the chance of the same thing happening again.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 13. Staff had received additional training in how to recognise and quickly report any concerns about a person not being treated in the right way. The new registered manager was checking more frequently on the care people received and no further instances of rough treatment had been reported. A relative said, "I think the staff are very kind and so I don't have any concerns about my family member being kept safe."

- There were reliable arrangements to handle any money left by relatives with an administrator to pay for things such as toiletries. This helped to ensure people were safeguarded from the risk of financial abuse.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A person had not been helped to change position in bed in a safe way. The same person had also not been helped to drink safely to reduce the risk of them choking.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12. We saw people being helped to re-position in bed in the right way. Staff used a special 'slide' sheet to reduce the risk of the persons' skin becoming chaffed and sore. People were also helped to drink safely. This included staff making sure people were sitting up straight and were not attempting to drink too quickly.

- People were helped to keep their skin healthy. When necessary people were provided with special air mattresses to reduce pressure on their skin making the development of pressure ulcers less likely.
- People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished and continence promotion aids were quickly changed when necessary. Nurses regularly checked to ensure people had not developed a urinary infection.
- Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns.

Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.

Using medicines safely

- People were helped to safely use medicines in line with national guidelines. Medicines were reliably ordered so there were enough in stock and they were stored securely in clean, temperature-controlled conditions.
- There were written guidelines about the medicines prescribed for each person. Medicines were administered by nurses in the correct way and at the right time. A person said, "The staff give me my tablets so I don't get muddled up with them."
- Prescription and administration records were electronic with secure log-ins for each person. There were additional guidelines for nurses to follow when administering as-required medicines. These medicines can be used on a discretionary basis when necessary and according to the individual protocols.
- The registered manager and the clinical lead regularly audited the management of medicines so they were handled in the right way.

Staffing and recruitment

- Relatives and people living in the service said there were enough staff on duty. The registered manager had worked out how many nurses and care staff needed to be on duty to meet people's care needs. A relative said, "I've not particularly seen people having to wait for care or staff having to unduly rush about."
- There were enough nurses and care staff on duty. Records showed shifts were being reliably filled. A member of care staff said, "In general, we do have enough staff and if someone 'phones in sick at the last moment the manager will do her best to cover the shift. They're not trying to save money by leaving us short on the floor." People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed.
- Two relatives expressed concerns about staff vacancies and the need for agency staff to be used. One relative said, "Sometimes the agency staff don't seem to be sure about what they're doing. I think they should be given a better induction." We raised this matter with the registered manager who told us four new care staff had been appointed to enable fewer agency staff to be used. They also showed us an induction training system for agency staff and assured us it would be kept under review to quickly resolve any problems.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs and references were obtained. Checks from the Disclosure and Barring Service had also been obtained. These checks establish if an applicant had a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Learning lessons when things go wrong

- Slips, trips and falls were analysed to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified.
- When things had gone wrong suitable action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals. Practical things had been done including people being offered low-rise beds fitted with bed rails. This reduced the risk of people rolling out of bed and injuring themselves.

Preventing and controlling infection

- The registered provider's infection prevention and control policy was up to date. Visitors were prevented from catching and spreading infections and shielding and social distancing rules were being met.

- The registered provider was admitting people safely to the service and was using personal protective equipment effectively and safely.
- The registered provider was accessing testing for people living in the service and staff.
- We were assured the registered provider was promoting safety through the layout and hygiene practices of the premises to make sure infection outbreaks can be effectively prevented or managed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last comprehensive inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Promoting people's privacy, dignity and independence

At the last inspection there was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A person living in the service had not always been supported to have a much-loved keepsake with them and another person had not been helped to maintain their personal hygiene. People had not been supported to change their clothes when necessary. Staff had not helped a person when they used an everyday object in the wrong way resulting in others around them expressing embarrassment.

At this inspection enough improvement had been made and the registered provider was no longer in breach of regulation 10. Staff had received additional training in how to promote dignity. They were putting into practice guidance about how to engage people in a respectful way to enhance their independence. People were helped to have keepsakes with them and staff appreciated the comfort they gave. People had been supported to maintain their personal hygiene including changing their clothes if they became marked or unduly creased. At lunchtime a person mistakenly put some cutlery in their shoe. A member of staff gently suggested the arrangement would be uncomfortable after which the person was pleased to remove the cutlery to be returned to the kitchen to be cleaned.

- People were positive about the care they received. A person who had special communication needs smiled and held hands with a member of care staff when we used sign-assisted language to ask them about their care. A relative said, "I find the staff to be attentive and they put the residents first."
- People's right to privacy was respected and promoted. Staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal staff closed the door and covered up people as much as possible. Communal bathrooms and toilets had working locks on the doors and people could lock their bedroom door.
- Private information was kept confidential. Staff had been provided with training about managing confidential information in the right way. Written records containing private information were stored securely when not in use. Electronic records were password-protected and could only be accessed by authorised staff.
- People were assisted to be as independent as they wished. During lunchtime a person wanted to go to the bathroom. Although they walked slowly a member of staff did not take over by offering the person assistance with a wheelchair. Instead, they kept their meal warm for them until they returned to the dining room.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff recognised the importance of providing care in ways promoting equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles.
- People were supported to be actively involved in making decisions about things important to them as far as possible. An example was a member of care staff chatting with a person about whether they wanted to be assisted to have a bath or shower.
- Most people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. Special arrangements had been made to help people keep in touch with relatives during the COVID-19 pandemic. In line with national guidance garden visits and in-service visits had taken place. People could have internet-connected computers in their bedrooms to see and speak with family and friends.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Suitable quality checks had not been completed to monitor and evaluate the running of the service.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17. More robust quality checks had been introduced focusing upon people's experience of receiving care. These included daily quality assessments of key elements of the nursing and personal care people received. There were also more robust arrangements to introduce any necessary improvements and check on their effectiveness.

- People considered the service to be well run. A person said, "I have what I need here and so it must be well-run."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been invited to comment on their experience of living in the service. Action had been taken to implement suggested improvements including changes being made to the menu.
- The chief executive officer of the company running the service had corresponded with relatives to update them about how the service was keeping people safe during the COVID-19 pandemic.
- Health and social care professionals had also been invited to comment on the service by speaking with the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff. There were handover meetings between shifts to update nurses and care staff about developments in the care each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in

the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative said, "I'm very confident the residents come first for the staff who have the residents' best interests at heart."
- The registered manager understood the duty of candour requiring the service to be honest with people and their representatives when things had gone wrong. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied so a prompt response could be given.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
- Services providing health and social care to people are required to inform the Care Quality Commission of important events happening in the service. This is so we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in the correct way.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. This included liaising with healthcare and other professionals.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.