

# Eleanor Nursing and Social Care Limited

## York House and Aldersmore

### Inspection report

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Essex  
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20 August 2019  
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30 August 2019

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### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

York House and Aldersmore is a residential care home which provides accommodation and personal care for nine people who have a learning disability. The service can support up to 18 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 18 people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going from the service.

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

People received support from a staff team who understood how to keep them safe and protect them from avoidable harm. Staff were recruited safely, were visible in the service and responded to people quickly. People's medicines were managed safely. Systems were in place to ensure the environment was safe.

People's needs were assessed, and support plans were in place. Staff received relevant training, support and supervision to enable them to carry out their roles and responsibilities. People had access to healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff were caring and supportive and respected people's privacy, dignity and individual differences. People were involved in reviewing their care and supported to be as independent as possible. People took part in organised activities in the service, however, some improvements were required to ensure people could access community activities more regularly.

The management team had a good oversight of the service and were visible and approachable. There were systems in place to monitor the quality of the service and to continue to develop and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 21st August 2018)

The 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 provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# York House and Aldersmore

## 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 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 team consisted of one inspector and one assistant inspector.

#### Service and service type

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

#### Notice of inspection

This inspection visit took place on 20 August 2019 was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications held on the CQC database. Notifications are important events the service must let the CQC know about by law. We also reviewed information received from a local authority. We used all this information to plan our inspection.

During the inspection, we spoke with three people and observed interactions with staff. We spoke with the registered manager, the deputy manager, the project manager, a consultant and two staff. We spoke with two people's relatives and one professional involved with the service.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision and records relating to the management of the service.

After the inspection, on the 28 and 30 August, we spoke with three more staff, two people's relatives and one professional involved with the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and activity records.

# 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 improved to good.

Assessing risk; Safety monitoring and management; Learning lessons when things go wrong; Using medicines safely; Preventing and controlling infection

At our last inspection, the provider had failed to assess and act on concerns relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place which covered areas including choking, falls, manual handling and accessing the community. These provided clear guidance to staff on any action required to ensure people were safe.
- Environmental risks were identified, assessed and managed and health and safety audits were completed. Equipment including walking frames and airflow mattresses were checked to ensure they were fit for purpose and safe to use.
- Evacuation plans were in place to guide staff on how to support people in case of an emergency.
- Accidents and incidents including falls were reviewed monthly and monitored for any themes and trends. Serious incidents that had occurred within other organisations were discussed so any learning could be applied by the staff team at York house and Aldersmore.
- Medicines were safely managed, and accurate records were kept of medicines received into the service, administered and disposed of. Staff were trained and their competency to administer medicines was regularly assessed.
- Systems were in place to regularly audit medicines and to check there were enough medicines available for people. People's support plans included what medicines people were taking and their preferred method for administration.
- The management team were aware of 'Stopping over medication of people with a learning disability, autism or both (STOMP)' best practice guidance, which meant people with a learning disability, autism or both were not over medicated with psychotropic medicines. This had resulted in a request for medication reviews for people.
- Infection control training had been received by staff and personal protective equipment to prevent the spread of infection was available for staff and was used appropriately.
- Staff had been trained in food hygiene. The kitchen was clean and fresh, and food was stored safely.
- The service was mostly clean and well maintained. The taps were free from limescale, however there was a shower head missing from a bathroom and a water drainage outlet required cleaning. This was addressed immediately by the management team.

Staffing and recruitment

- Staffing levels required review to ensure there were always adequate staff on shift. There had been occasions when the staffing levels had dropped below the usual number required due to staff holidays, however people were not at risk. One staff member said, "I do think there are enough staff. There are occasions on the weekend when there isn't because the third person is on annual leave but that is not normal." Another staff member commented, "Everything gets done but it feels like a bit of a rush."
- Effective recruitment processes were in place. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to protect people from abuse and knew to report any concerns internally and externally to ensure people's safety.
- Information about safeguarding was available to people using the service, staff, and visitors.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement due to a lack of support at mealtimes. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People's support plans contained information about their nutritional needs, likes and dislikes and people were given a choice of what they liked to eat.
- Where people were at risk of malnutrition, information included how to fortify foods and what supplements people required to boost their calorie intake.
- Lunchtime was relaxed, and people chose where to sit in the dining room. People received support which met their needs during the meal.
- People were complimentary about the food. One person said the food was tasty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission to ensure the service could meet these and included people's physical, mental health and social needs.
- Support plans were detailed and contained up to date information about people's needs, choices and preferences including what they liked to eat and what they liked to wear.
- Staff applied their learning which led to good outcomes for people and subjects such as falls prevention were discussed in supervisions.
- The management team were implementing best practice initiatives across the service including PROSPER which is a collaboration between care homes, Essex County Council and the health sector, to improve safety and reduce harm for vulnerable people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When additional input was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on. For example, two people had been referred to the speech and language therapy team.
- People were supported to maintain good health and medical appointments were recorded.
- People had hospital passports which contained accurate information about people's health needs and detailed how best to support the person when moving between services, for example, their home and hospital.

Staff support: induction, training, skills and experience

- Upon joining the service, staff received an induction which provided them with the knowledge and skills needed to support people effectively. One staff member said "I had an induction on the first day which

included the fire drill, keys and showing me around. It was a good induction and I was introduced to people."

- Staff received training in subjects including moving and handling and infection control which was updated yearly.
- Senior staff assessed staff members' competencies through observations and spot checks. This included in areas of manual handling, medication, communication and the correct use of personal protective equipment.
- Staff members received regular supervision and felt supported. One staff member said, "We always have feedback or discuss our concerns or worries either with the senior or management above and things get sorted out."

Adapting service, design, decoration to meet people's needs

- A new kitchen was planned, and people were involved in picking colours to have their bedrooms decorated.
- People's bedrooms were individual and had been personalised with their own belongings and pictures on the walls.
- Some people's bedrooms had their name on the door with pictures of their interests and a portrait of themselves to help them recognise their bedrooms.
- Pictorial symbols were on the doors of different rooms such as the bathrooms and lounges, however these photographs did not reflect what was behind the door which could be confusing to people. Where uneven flooring had been identified within the service, black and yellow tape had been used to identify this area which was not very homely. This was acknowledged by the project manager who assured us this would be reviewed, and improvements made.
- The central courtyard had been turned into a gardening area which was bright and engaging with coloured balls and pots. The activity co-ordinator had involved people in creating the space. We were told, "One person in particular loves gardening, so I try and help them to the garden as much as possible."

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA. One staff member said, "It's about helping people to make their own decisions as well as promoting independence." Another staff member said, "You must assume everyone has capacity to make decisions until proven that they haven't."
- Staff sought consent before supporting people and offered people choices of what they wanted to do.
- Mental capacity assessments were in place for people, which recorded whether they could make decisions relating to day-to-day tasks and documented the conversations had with the person regarding any decision to be made. Where required, decisions had been made in people's best interests and considered people's

previous wishes.

- People's rights were protected, and appropriate applications had been made to the local authority for DoLS assessments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Compliments received by the service included, "It is a beautiful caring home with high standards", and, "Caring staff and happy residents."
- Staff knew people well and had developed good relationships with the people they supported.
- People living at York House and Aldersmore were positive about the staff. One person said, "The staff are nice. I like living here because I like being with friends and we do things. I am very happy. The staff are friendly."
- Staff spoke in a caring and respectful manner about the people they supported. One staff member said, "I love the people and its nice. It's a nice family atmosphere and very friendly."
- Staff had a good knowledge about individual's needs, anxieties and how they communicated.
- Staff received training in equality and diversity. Feedback from one staff member said, "Each and every person is treated as an individual. They all come from different backgrounds and have different life experiences."
- Equality and diversity had been promoted during supervision and had focused on raising awareness within the staff team.

Supporting people to express their views and be involved in making decisions about their care

- Staff were patient and gave people the time they needed to understand and respond to requests and to make decisions. People's preferences and choices were respected.
- The support plans contained information about the choices people had made in relation to their care, for example, what food and drink they liked and their preferred routine.
- Relatives were asked for their views about the support received during support plan reviews, telephone calls and when they visited the service.
- People were asked for their views through residents' meetings. Subjects discussed included activities and menus although it was not always documented what action had been taken regarding people's views.

Respecting and promoting people's privacy, dignity and independence

At our last inspection, we recommended the service continued to further develop the opportunities for people to be involved in daily living tasks within the home to develop their skills and to promote their independence and well-being.

- Since the last inspection, people were more involved in tasks within the home. Two people enjoyed washing up and one person was now doing their own washing. At lunchtime, people were happily laying the

tables and getting drinks for each other with little encouragement.

- Staff promoted people's independence. One person said, "I like living here as it makes me independent." One staff member said, "I promote independence all day, every day. If they can do it, I will say come on you can do it. If they can't that's a different story and I will do it for them."
- People's privacy and dignity was protected. Records were locked away and staff were discreet when providing support to people.
- The management team observed working practices to ensure the support provided was caring, respectful, and promoted individual choice and independence.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement due to conflicting information in records and activity provision. At this inspection this key question has remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At our last inspection, improvements were required regarding activities. We received mixed feedback regarding activity provision at his inspection. One relative said, '[Person] is engaged in activities. There are different things that they do.' However, another relative said, 'There aren't always enough staff to take [person] out but they do take [person] out for a walk when [person] wants to go.'
- Three out of the four staff we spoke to felt there were not enough of them to support people into the community, although they felt people generally did enough activities. One staff member said, 'There are not enough staff to be able to support people into the community, but we do take people out as much as possible.'
- It had been identified through the internal auditing processes that more activities involving community access for people were required and a project manager had been recruited to make improvements.
- Some improvements had already been made. Three people had recently started attending an occupational workshop to further develop their life skills. One person said, 'I like it there and it gets me out and about a bit. Sometimes I go out for walks at the weekends, but we can be short of staff.' Another person said, 'We don't have many staff at the moment, so I don't go out to the seafront much.' Despite this feedback, community activities had taken place including visits to the air show, local cafes and a farm.
- Two activity co-ordinators were in post. There were a range of in-house activities that took place including arts and crafts and baking. On the day of inspection, people were making a scarecrow.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were detailed and contained accurate information. People's likes, dislikes and what was important to them were recorded which reflected their physical, mental and emotional needs.
- Each person had a keyworker. A keyworker is an identified staff member who oversees people's individual needs are being met. People had been involved in reviewing the support they received with their keyworker.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory and communication needs were included in support plans.
- The AIS had been discussed with staff to highlight its importance and had been a 'Policy of the month' to

enhance the understanding of the staff team.

- Information was available in easy read format including safeguarding information.

Improving care quality in response to complaints or concerns

- At our last inspection, the complaints process was disorganised. This had now improved, and an effective system was in place to manage complaints.
- People had guidance on how to make a complaint in their bedrooms and this was also displayed in pictorial format to aid people's understanding.
- Relatives knew how to make a complaint. However, one relative said, "I have never had to complain."

End of life care and support

At our last inspection, we recommended the service ensured that individuals end of life wishes were recorded.

- Since the last inspection, people's support plans now detailed what choices they had made about the end of their life. For example, one person had said they would like the song 'Morning has broken' at their funeral and would like to leave from York House in a white horse drawn carriage.
- There was no-one receiving end of life care at the time of inspection, however one staff member told us about a person that had passed away and said, "[Person] was a fantasy person. They would make up loads of amazing stories, so I used to make up stories for her at the end of life stage which she used to love."

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, auditing and quality assurance systems were not robust or effective and communication systems required improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, there had been changes in the management team at York house and Aldersmore. One staff member said, "We have so many changes in management, but it is well led because of the senior." Another staff member said, "We didn't have a manager for a long time which has been difficult, but the staff have coped well. [Senior] is always there when we need them and has been keeping the place afloat. They are brilliant."
- The newly registered manager had a good understanding of the improvements that were required following the last inspection and a consultant had been supporting them to make the changes. A project manager had also been recruited to focus on improving activities, however, they had only been in post for two weeks and improvements were still required in this area as covered under the responsive key question.
- Recommendations made at the last inspection had been acted on to improve outcomes for people.
- A range of audits were now in place to check the quality of the service provided and to ensure compliance with the regulations including medicines, equipment, call bells and health and safety. Spot checks of practice were also completed including at night.
- There was an improvement plan which identified areas for development. It included timescales for completion and some actions had already been signed off as completed. For example, some maintenance work.
- We received feedback that communication between the management team and relatives was better. One relative said, "They always tell me what I need to know."

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

- Staff felt the home was improving with the introduction of new management team. One staff member said about the registered manager, "They are enthusiastic and do what you ask them." Another staff member said, "Since the last inspection, it feels better, and we are being guided. We get more feedback now and if there are any concerns we can raise them, and they are addressed all the time."



- A consultant who was providing support to the service said, "The culture of the service has changed, and the staff have worked very hard to ensure people are involved." Cultural surveys had been sent out to check staff understanding of providing individualised, person-centred care.
- Champions had been identified within the staff team to take a lead in key roles such as infection control, falls, dignity, safeguarding and dementia to promote best practice.
- Surveys were used to gather feedback about the service from staff, people and professionals. The results had been positive.
- The management team understood their responsibility under duty of candour.

#### Working in partnership with others

- The management and staff team worked with other professionals such as GP's to provide joined-up care and support.