Ramond Limited

Elsinor Residential Home

Inspection report

5-6 Esplanade Gardens
Scarborough
North Yorkshire
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Tel: 01723360736

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 January 2016 and was unannounced. At our last inspection of the service we found no breaches of regulations.

Elsinor is registered to offer care and accommodation for up to a maximum of thirty five people. The home offers care for older people who are living with dementia. Dementia is an umbrella term used to describe the range of conditions that cause changes in memory and other cognitive abilities that are severe enough to interfere with daily life The service does not offer nursing care.There were 31 people resident on the day we inspected.

There was a registered manager employed at this service who has been in post for 20 years. 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.

The service was not consistently effective. The provider had not taken account of current good practice to make the environment dementia friendly. You can see what action we told the provider to take at the back of the full version of the report.

The staff were working within the principles of the Mental Capacity Act 2005. We saw staff give people choices and allow them to make their own decisions.

People's needs were assessed by staff before they went to live at the service. This information was used to develop peoples care plans.

The service provided a range of activities for people but there was a need for more meaningful activity to support people living with dementia.

No recent complaints had been received at the service but people knew who to speak to if they wished to raise concerns.

People were provided with a choice of food and drink at mealtimes. People at risk of weight loss had been referred to their GP and the appropriate health professionals

Staff undertook training to learn new skills and keep them up to date. They had been trained in safeguarding adults and could describe the signs of potential abuse.

Risk assessments were undertaken to determine the risks present for people and action was taken to help minimise those risks. People had personal individual evacuation plans in their care records to assist staff in

the event of a fire. Fire safety equipment was properly maintained.

Staff had been recruited safely and there were sufficient staff on duty to meet people's needs. Checks of staff's previous employment history had been carried out prior to them working at the service.

Medicines were managed safely. Senior care workers administered medicines and audits were completed.

Staff treated people with kindness and spoke respectfully to them. It was clear that they knew people well.

People were well supported at the end of their life. Staff worked with the care homes team from the local hospice to ensure people received good care.

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. Staff could describe the signs of potential abuse and said they would report issues to the registered manager. Risk assessments were undertaken to determine the risks present for people and action was taken to help minimise those risks

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

Information for staff to use in the event of an emergency was present, for example individual evacuation plans. Servicing and maintenance of equipment such as fire safety equipment had been carried out.

Is the service effective?

Requires Improvement

The service was not consistently effective. The provider had not taken account of current good practice to make the environment dementia friendly.

The staff were working within the principles of the Mental Capacity Act 2005. The registered manager of the service knew what action they must take if they required authorisation to deprive someone of their liberty lawfully.

People were provided with a choice of food and drink at mealtimes. People at risk of weight loss had been referred to their GP and the appropriate health professionals.

Staff undertook training to learn new skills and keep them up to date.

Is the service caring?

Good

The service was caring. We saw staff treated people with dignity, respect and kindness. Staff appeared to be knowledgeable about people's needs, likes, interests and preferences.

There was a warm and friendly atmosphere in the home. People

looked well cared for and had good relationships with staff.

People were well supported at the end of their life. The staff worked closely with the local hospice care homes team to ensure that they provided the care that people would have wanted at this stage of their life.

Is the service responsive?

Good

The service was responsive. Information was gathered and assessments undertaken to identify people's needs before they went to live at the service. This information was used to inform care plans and risk assessments written to help keep people safe.

The service provided a range of activities for people. However, some people required more meaningful activities to support them.

Staff recognised people's changing health care needs and they worked closely with other health care professionals in order to ensure good outcomes for people.

People we spoke with told us they felt able to raise concerns and could make a complaint if they wished. No recent complaints had been received. There was a policy and procedure in place to support staff when dealing with complaints.

Is the service well-led?

Good

The service was well led. There was an experienced registered manager in place who was very keen to continually develop and improve the service. A health care professional told us this was a good service which worked closely with them.

Staff we spoke with told us they felt supported by the registered manager who was approachable. There was a friendly welcoming feel to the home.

Staff we spoke with understood the management structure in the home. Meetings were held to find out people's views. Recent surveys to relatives and advocates had resulted in mainly positive comments about the service.

Elsinor Residential 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 20 January and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at all the information we held about the service including statutory notifications. Notifications give the Care Quality Commission (CQC) information that the provider has a legal duty to provide relating to any events that affect the running of the service and the people who used the service. In addition we looked at feedback we had received through our 'Share your experience' portal.

During the inspection we spoke with a group of four people who used the service and three people individually. We also spoke with two relatives and interviewed three members of staff. In addition we observed another member of staff administer medicines. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four peoples care plan and risk assessments during the inspection and looked at staff recruitment and training files for four members of staff. In addition we looked at documents used in the running of the service such as surveys to check the quality of the service, accident and incident reports, staff rotas, policies and procedures and any complaints. We checked documents to show whether or not the service and equipment had been maintained.

Following the inspection we spoke with a community psychiatric nurse and a registered nurse working with the care homes team, based at the local hospice to gather their views of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and relatives confirmed this view. One person told us, "Oh yes, I am very safe" and a relative said, "I do think they are safe; Certainly safer than when they were at home."

During the inspection we found that there were procedures in place for protecting people from abuse. Staff were aware of the action they must take to protect people and told us they would report issues straight away. Four staff we spoke with explained how they would recognise and report abuse. They had undertaken training in this area to keep their knowledge up to date and we saw records that confirmed this. A member of staff we spoke with said, "I have been trained in safeguarding and if I saw anything I was not happy with I would tell the senior or the manager."

Risks to people's safety were appropriately assessed, managed and reviewed. We saw that up to date risk assessments were in place for each person. These covered the risk of falls, moving and handling and people's behaviours. We saw that this information was reviewed regularly. In addition there were management plans in place for staff to follow in order to ensure peoples safety. Staff we spoke with told us what assistance people required to help to maintain their safety.

Each person's safety and welfare was considered during their stay at the home. For example, on each person's care file there was information that could be taken to hospital in an emergency to help inform the hospital staff. Accidents and incidents had been recorded and there was a member of staff trained in first aid on each shift.

As part of our inspection we looked round the service which was an adapted older building over five floors. This was not an ideal environment for people living with dementia but the provider had adapted the space to try and overcome this in order to maintain people's safety. For instance there were lounges on different floors supervised by staff and lift access to each floor if people were unable to use the stairs and handrails on each staircase if they could. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home.

We saw the communal areas of the home were free from obstacles. Personal protective equipment such as disposable gloves and aprons were available at appropriate points throughout the home for staff to use to protect people's wellbeing.

The service had been maintained with safety checks of mains services carried out within recommended timescales. Equipment had been serviced in order to maintain people's safety. There was a fire risk assessment and fire safety notices throughout the building. We saw personal evacuation plans were in place to inform staff about each person's capabilities during the day and at night in the event of a fire. The service had been visited by the environmental health officer and had received a rating of five. The food hygiene rating reflects the hygiene standards found at the time the business was inspected by a food safety officer and five means that the service met all elements of the assessment.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. We were told that the registered manager worked over five days and they were supported by senior care workers and care workers on each shift. Staffing levels at the home were monitored by the registered manager who allocated staff to different areas. For example over lunchtime some staff were in the dining room and other staff were supporting people in their rooms. The relatives we spoke with told us they felt there were enough staff to meet their relative's needs.

We looked at the systems in place to deal with medicines and saw that people received their medicines safely. This included how medicines were ordered, stored, administered, recorded and disposed of. We saw that there were systems in place and observed a medicine round at lunchtime. Staff verified people's identity before giving their medicines to them and observed that this was taken to protect people in the home from gaining access to medicines that was not prescribed for them. They asked if people needed medicines prescribed to be given when required.

Requires Improvement

Is the service effective?

Our findings

We spoke to some relatives of people who used the service and they told us that they felt the service was effective at supporting their family member. They said their needs were met by staff who knew what they were doing. One relative we spoke with said "They (staff) are so good and knowledgeable. I think staff are very well trained they know how to look after mum." One person who used the service said, "The staff know me very well."

The house was over five floors which were not ideal for people living with dementia to walk around because of the staircases. However, there was plenty of communal space so that people could move around freely. Because the building had been adapted to a care home there was very little the provider could do to change the layout any further but more could be done within the environment to make it dementia friendly.

We saw that halls and landings had patterned carpets which are not recommended for people living with dementia. According to the Kings Fund report 'Enhancing the healing environment' people living with dementia can become restless and distracted in environments that are visually over stimulating or where there is competing visual information. The patterns could be mistaken for objects and cause falls as people tried to pick them up.

There was no personalisation of bedroom doors with customised signs to identify the person's room using names and photographs or personal objects. This was not helpful for people in retaining some independence in finding their own way to their room.

We saw some signage throughout the service which depicted certain areas pictorially. For example, there was a sign telling people which room was the lounge. However, the use of signage and personal objects to orientate people throughout the house was not consistently applied across the service. There was a risk that people could become disorientated and lose their way.

People were not always supported in finding their way independently to bathrooms and toilets promoting their continence. Help and assistance was easy for people to find as there were staff in each communal area during the day but people had very little signage and continence aids such as toilet signs and contrasting coloured toilet seats to encourage them to find their way independently.

The service was registered to provide care for people living with dementia and staff provided appropriate care but had not made suitable adaptations to the environment to meet people's specific needs. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff at the home had undertaken regular training in a variety of subjects such as moving and handling, safeguarding, first aid, dementia awareness and the Mental Capacity Act (MCA) 2005. All the staff we spoke with told us that training was on-going and had to be completed to help them to maintain their skills so they could care for people effectively.

We spoke to one staff about their first days working at this service. They told us that they received an induction of approximately two weeks. They did some basic training and shadowed more senior staff during this period. Following their induction they were encouraged to undertake a national vocational qualification in care. This is a work based course which gives staff further skills needed to work with people who require care and support. They said, "We are well trained here."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence that staff were working within the principles of the MCA. People were supported to make decisions where possible and where relatives had Lasting Power of attorney they were consulted. Where people lacked capacity and met the criteria, DoLs applications had been made. The registered manager told us that they regularly reviewed peoples care to determine whether a DoLS authorisation was needed in the light of changing needs.

We saw evidence that there were health care professionals in regular contact with this service to support people. We saw evidence of visits by a community psychiatric nurse, a palliative care nurse and GP's. Where people receiving palliative care needed support out of hours they had been registered with the local hospice so that the staff had prompt access to support.

People at the home had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. This helped the cook and care staff provide meals and refreshments that people liked. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals for advice and support. For example we saw that one person had a pureed diet which had been advised by the speech and language therapist (SALT). Staff effectively monitored people's dietary needs. One person we spoke with said, "The food is good here. I have no complaints." A relative told us, "The food is very good."

The menu for the day was displayed in the entrance hall and reflected the meal served on the day of our inspection. The arrangement of the dining room created a great deal of social interaction. There was one long table of nine people and four other tables occupied. Everyone sat on dining chairs at tables which were laid with cloths, cutlery and condiments. People were offered cold drinks with their meal and hot drinks following the meal. They were given a choice of what they wanted to eat and drink. The chef told us that if they wanted something different that would be provided. Staff interacted with people throughout the meal. Most people ate independently and had plenty of time to eat their meal which ensured people's nutritional needs were met.

Good

Is the service caring?

Our findings

People told us they liked the staff and told us, "The staff are kind." and "Staff are always there to help if you want anything." We saw staff assisting people throughout the day.

People looked well cared for and appeared relaxed with the staff. We saw staff having friendly banter with people which they seemed to enjoy. There was a relaxed and welcoming feel to the home. A relative we spoke with said, "We are delighted with the staff." We saw that staff knocked on people's bedroom doors before being invited to enter. They told us how they would always ensure toilet doors were closed properly when assisting people to maintain their privacy. In one room where two people lived there were screens available to maintain privacy.

When people's behaviour became distressed staff were able to manage that in a caring manner. We observed a care worker immediately intervene when two people started to become distressed with each other. They spoke to the people quietly but respectfully and managed to calm the situation.

We saw staff supporting people throughout the day with understanding and compassion. One relative told us that one of their parents lived at the service but that staff had made every effort to support their spouse during a stressful time. They said, "Staff recognise people's needs. They have been so good with my parents." Another relative said, "Staff are very supportive."

People who used the service had a 'key worker' which is a named member of staff allocated to be a point of contact for people and their families. A member of staff we spoke with said, "We have responsibility for certain people and we do activities with them." The key worker list was displayed.

Visiting at the service was allowed at any time. People were encouraged to go out with their relatives if they wished. Visitors to the service were made welcome and included in activities provided within the home. One relative said, "Staff always offer us a cup of tea and make us welcome."

Information was shared with people who used the service or their relatives if this was appropriate. One relative told us that when they had first come to the service a member of staff had, "Explained everything to us when we came which made us feel better." They said they had every confidence in the service. A second relative told us, "Staff here are wonderful; Very caring. They include families and call me by name." People were aware of which staff were on duty each day as their names were displayed in the entrance.

People were well supported at the end of their life. During the inspection we were made aware that one person was receiving end of life care. The registered manager told us that staff were being supported by the local hospice care homes team in their care of this person. They said that staff had started to be trained by the hospice in end of life and palliative care. This was confirmed when we contacted a registered nurse working for the care homes team at the hospice. They told us, "This service is on an intensive programme with us whereby the service is offered training for staff and clinical support of people who required end of life ort palliative care services." They told us that the end of life care provided by staff was good and gave an

example of an occasion when important medicines were needed late on a Friday afternoon. The registered manager went themselves to make sure the medicines were available for use over the weekend.

Good

Is the service responsive?

Our findings

People at the service received person centred care. This is when any treatment or care takes into account people's needs and preferences. A pre-admission assessment was completed before people came to live at the service to ensure that the staff could meet people's needs. Care plans were developed following a person's admission to the service. They contained information about people's needs such as maintaining a safe environment, personal care, skin care, diet and nutrition, communication and mobility.

We saw evidence of reviews of people's care plans. Some people who represented their relative had been involved in reviews carried out by the local authority but we did not see any formal reviews where people who used the service were involved. However, a relative told us that staff spoke with them and kept them informed of any changes every time they visited the service.

We saw from looking at people's care records that speech and language therapists, dieticians, general practitioners, dentists, opticians and chiropodists visited people at the home. We saw evidence from appointment letters that people attended hospital appointments supported by family or staff. We spoke with a community psychiatric nurse who told us, "The staff at Elsinor did everything they could to assist us in sorting out (name of person)'s problems (description of problem)." They told us that the staff had been willing to put different options into practice in order to promote this person well-being. People were supported and their health was being effectively monitored to help maintain their well-being.

There was an activity co-ordinator working at the service and staff from the service also organised some activities. We were unable to speak with the activity organiser on the day of our inspection but the registered manager told us that they were starting to develop life books with people. Staff had gathered an in depth history which helped towards the development of these life books.

We saw reminiscence taking place with one group of people who enjoyed telling us about the area in which they had lived when they were younger. In addition a care worker told us about the armchair exercises that people enjoyed. A relative told us that a church service was held regularly and described the Christmas activities that had taken place a few weeks earlier. They said, "People were making their own Christmas cards and they had a Christmas party which was lovely."

The service had their own minibus so that people could go out into the local community. Trips out were being planned. A hairdresser visited the home to provide a service to people every week. A health care professional commented about the activities provided saying, "There could possibly be more meaningful activities to meet everyone's needs but they (activities) do take place. I have seen people have their hair and nails done." We saw that although people at this service did have some planned activity there was very little meaningful activity taking place throughout the day. High quality approaches to providing meaningful and enjoyable activities are a key part of enabling people residing in care homes to 'live well' with dementia (Department of Health, 2009). People were supported through activities but these could be enhanced by looking at different approaches to meaningful activity.

We saw that information was provided to people about the service complaints procedure. There was a policy and procedure available for staff to follow but there had been no recent complaints about the service.

Good

Is the service well-led?

Our findings

There was a registered manager employed who had been at this service for twenty years. This gave the staff and people who used the service some continuity. They held the NVQ level 4 Registered Managers award which is a vocational qualification as well as a degree in Social Care practice. During our inspection we spoke with the registered manager. They were knowledgeable about all aspects of the service and able to answer our questions in detail. People's relatives told us, "The registered manager is so good. She explains things to us. We have every confidence in her and the service." Staff told us that the registered manager was approachable and they would go to them with any concerns.

The registered manager was supported by a senior care worker on each shift who took some responsibility for the work carried out by care workers. One senior care worker was currently studying towards a degree in social care practice which demonstrated that senior staff were supported to develop their skills and knowledge.

The registered manager kept themselves updated about any current changes. The service was a member of the Independent Care Group which is a local sector support group for social care. They provided updates about changes in legislation and good practice guidance as well as reporting on current themes in social care through their newsletter.

Staff were supported to have a voice through attendance at staff meetings. Quarterly meetings took place which were recorded so staff that could not attend were able to read what had been discussed. Staff had signed to say they had attended and at the last meeting a high proportion of staff had attended. Senior staff had separate meetings. These meetings provided time for all staff to discuss current issues at work and discuss any difficulties they may have.

People who used the service and their families were also encouraged to have a voice through meetings and surveys. There were meetings arranged for residents which had been recorded. Staff assisted people to communicate their views at these meetings. We saw that recently quality surveys had been sent to relatives. We looked at the results from this survey and saw that people had made positive comments such as, "It's so nice to see the interaction between (name) and their carers" and "Staff are always helpful. " A third person had written, "All members of staff are always friendly, welcoming and kind both to me and mum."

The registered manager told us they were committed to the continuous development and improvement of the service and demonstrated this through the use of the services quality management system. Audits had been completed as part of this system. The registered manager had delegated some of the auditing to senior staff.

Policies and procedures were in place which gave guidance to staff about all practical aspects of running the service. These reflected current guidance and good practice.

The Care Quality Commission had received notifications about incidents that occurred at the home. The

registered manager told us that any accidents and incidents were all investigated and acted upon. In order to promote learning these incidents were discussed in staff meetings if appropriate so that staff were able to reflect on them. If it was felt necessary staff were given further training.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises were not in line with national best practice guidelines for people living with dementia. People's needs had not been taken into account when decoration and flooring had been replaced. Regulation 15 (1)(c)(d)