

Care UK Community Partnerships Ltd

Elwick Grange

Inspection report

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20 December 2017

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 18 December 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. A second day of inspection took place on 20 December 2017 and was announced.

Elwick Grange 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. Elwick Grange provides personal care for up to 60 people. At the time of our inspection there were 58 people living at the home who received personal care, some of whom were living with a dementia.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 this service on 5 October 2015 when it was rated 'Good' overall. At this inspection we found the service remained 'Good.'

Staff received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans were in place to help manage and minimise risks. Medicines were managed in a safe way and checks were made to ensure staff were competent to administer people's medicines. There were enough staff to meet people's needs promptly. Staff followed good infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink in line with their needs and preferences. Staff were provided with effective training, support and development opportunities to enable them to meet people's needs.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Staff were caring and respectful to people who used the service. Staff knew what was important to people and how to support them accordingly.

People were supported to engage in activities meaningful to them. Detailed support plans were in place which were specific to the needs of individuals. Support plans contained information about how people wanted and needed to be supported. People's care plans reflected their end of life preferences, where people felt able to discuss this. People knew how to make a complaint. Complaints had been dealt with in a timely manner and lessons had been learnt where appropriate.

The service had a registered manager. Staff told us there was a positive culture and they felt supported.

Systems were in place to assess the quality of care people received. People's feedback was sought regularly and acted upon. Staff told us they could approach the management team at any time.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elwick Grange

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 18 and 20 December 2017. The first day of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

During the inspection we spent time with people living at the service. We spoke with 16 people and 10 relatives. We also spoke with the registered manager, the regional director, the operations support manager, the regional facilities manager, two senior support workers, six support workers, two activities co-ordinators, the maintenance person, one member of kitchen staff and one member of domestic staff.

We reviewed five people's care records and four staff recruitment files. We reviewed medicine administration records for 12 people as well as records relating to staff training, supervisions and the management of the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. 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.

Is the service safe?

Our findings

People told us they felt safe and comfortable living at Elwick Grange. One person we spoke with told us, "I feel safe and at ease here." Another person said, "I feel surprisingly safe and well looked after." A third person commented, "I'm very safe and well looked after, safer than at home to be honest."

Relatives we spoke with felt their family members were safe. A relative said, "I know that my relative is being well cared for all the time and to me that means the world." Another relative told us, "[Family member] likes living here. They are safe and they have a buzzer to press if they need any help." A staff member told us, "People are safe here. I would put my own parents here."

Staff understood the need to report any concerns to the management team immediately. They told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and in a timely manner.

Lessons were learnt from safeguarding incidents which were shared with all staff. For example, one person's furniture had been rearranged in their bedroom to prevent future falls.

A thorough recruitment and selection process was in place. These included references from previous employers, identity checks and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

The service employed 72 staff. The registered manager, deputy manager, three senior care assistants and seven care assistants were on duty during the day of our inspection. Staff rotas we viewed were as described by the registered manager. At night time staffing levels were two senior care assistants and four care assistants. Each person's level of dependency was scored and reviewed monthly to establish the staffing levels. The registered manager told us how a recent review of people's needs indicated that some people's needs had increased during the night so an additional member of staff would be put on duty. This meant the provider was proactive in increasing staffing levels when people's needs changed.

People we spoke with were mostly happy with the staffing levels, but relatives had mixed views. One relative told us they felt extra staff were needed at night. We found the provider had already addressed this. During our inspection we saw there was enough staff to meet people's needs in a timely manner.

Medicines were managed safely and effectively. Medicines records we viewed had been completed accurately. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly and stock balances tallied with these records. Topical medicines such as creams and 'as and when required' medicines were managed safely.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the identified risks were set out in people's care plans for staff to follow. For example, where people had been identified by a speech and language therapist as being at risk of choking, there was guidance included in the care plans for staff to refer to. People's independence was encouraged without unnecessary risks to their safety.

Risk assessments relating to the environment and other hazards, such as fire and water safety, were carried out and reviewed by the registered manager regularly. Regular maintenance checks were carried out of the premises and equipment. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their individual needs, should they need to be evacuated from the building in an emergency. PEEPs contained clear step by step guidance for staff about how to communicate and support each person in the event of an emergency evacuation.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referring people to the Falls Team or purchasing alternative furniture such as a recliner chair.

Staff were provided with a range of equipment to help reduce the spread of infection such as gloves and aprons. We observed staff used personal protective equipment effectively and followed good infection control practices. Gloves and aprons were stored appropriately where staff could access them easily. Policies and procedures regarding infection control were maintained and followed in line with current relevant national guidance.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean and decorated to a good standard.

Is the service effective?

Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care needed. Records showed training the provider classed as essential was up to date, such as moving and handling, fire safety, infection prevention and control and safeguarding. Staff we spoke with said they had completed enough training relevant to their role.

During our last inspection we found that annual appraisals were not up to date. During this inspection we noted improvements in this area as records showed, and staff confirmed, that appraisals were up to date. Appraisals records showed future training and development needs were identified for each staff member, and staff were supported with their continuous professional development. Records confirmed staff received regular supervision sessions to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Staff told us they felt supported and valued by the registered manager. One staff member said, "We definitely get enough support."

People were supported to have enough to drink and to maintain a balanced diet. We observed lunch time during our inspection. There were enough staff to support people to eat. Tables were nicely set with tablecloths, napkins, cutlery and condiments. On the first day of inspection lunch was a choice of soup, omelette, sandwiches or fish fingers and then a dessert. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. People told us the food was of a good standard and they had enjoyed their lunch. One person said, "The food is nice, more than I can eat." A relative told us, "[Family member] has put on weight and gone up a couple of sizes. They are doing much better with eating than we could do when they were at home."

A designated staff member was given responsibility for each dining room on a daily basis. The registered manager told us this was to ensure high standards were maintained and people's dining experience was relaxed and pleasant. We found this to be the case during our inspection.

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as community nurses, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that DoLS applications had been made and authorised for 24 people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. Staff members had a good understanding of this legislation and records showed decisions had been made in people's best interests in conjunction with people's family members, staff members and professionals. For example, decisions about taking medicines and wearing a lap belt when using a wheelchair. Staff told us how they involved people to make their own decisions where possible, for example when choosing what to

wear or what activities to do. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

There were visual and tactile items to engage people living with a dementia. Visual and tactile items can help engage people living with dementia and help reduce their anxiety levels. Colourful written and pictorial signs helped people orient themselves around the home. People's bedroom doors were painted different colours according to their preference and memory boxes were in place to help them find their room. The dementia unit on the first floor had numerous pictures of 'old Hartlepool' and themed areas such as a flower garden, the seaside and a sweet shop. At meal times staff showed people what options were available. We saw this was effective in supporting people with dementia to choose what they wanted to eat.

Is the service caring?

Our findings

People who could communicate their views verbally told us they liked living at Elwick Grange and that staff treated them well. One person who used the service told us, "The good quality of my care means everything to my family and me." Another person said, "The care here is really excellent. I enjoy every day." A third person told us, "The care is just like the care I would get from my family and I feel very lucky to be so well looked after."

Relatives spoke positively about the caring attitude of staff and how people were treated with dignity and respect. One relative told us, "The staff are very kind and caring, very tolerant and happy." A second relative said, "Staff go above and beyond, they go that extra mile."

Staff stopped and chatted with people as they moved around the building. Conversations were professional but friendly and relaxed, and it was clear that staff knew the people they were supporting well. Staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed.

Staff were caring and respectful and people were comfortable in the presence of staff. This contributed to the home's relaxed and welcoming atmosphere. Relatives we spoke with commented on this. One relative said, "I'm always made to feel welcome." Another relative commented, "You are made to feel as though you are coming to [family member's] house."

People told us they were encouraged to be as independent as possible but staff were always on hand to provide support. One person we spoke with said, "I like the fact that the staff will do something for me if I cannot manage it, but they also try and support me doing it first." Another person told us, "I am encouraged to remain mobile and I like the fact that I can have a wander and there are some quiet corners where I can do the crossword."

Relatives told us people were treated as individuals and supported to make everyday choices such as how to spend their time, what to wear and what to eat. One relative told us, "My [family member] has the choice to get up and go to bed when they want." Another relative said, "[Family member] decides what clothes to wear."

People told us how staff ensured privacy and dignity was maintained, for example by ensuring doors were closed when people were being supported with personal care. We saw hotel type 'do not disturb' signs were placed on the door handles of people's rooms to ensure privacy. One person said, "I was not sure how I would feel about help with personal care. I am a little old fashioned that way, but the staff have been amazing."

People told us staff knew them well. A person told us, "Staff know me well and when my family and friends pop in they always have a chat and bring us some tea." The registered manager said, "Staff have a good knowledge of the residents and how they want and need to be supported."

Each person was given a residents' guide which contained information about all aspects of the service including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Although nobody at the service had an advocate, this facility was available and information about this was easily accessible.

Is the service responsive?

Our findings

Staff demonstrated a good understanding of people who used the service and were effective at responding to people's needs. During the first day of inspection there was an incident in the dining room when a person experienced difficulties whilst eating. Staff worked well as a team and responded to the situation quickly, administered emergency first aid, reassured the person and supported their dignity. Afterwards the person told us, "Staff were marvellous."

A relative told us how staff had been alert and noticed their family member's potential pressure damage. This relative told us how staff immediately referred this to the community nursing team and a topical cream was prescribed and a pressure cushion was sourced which had a positive effect. Staff told us how one person was unable to walk when they first moved in, but staff supported them to regain confidence slowly over time and now they were able to walk again much to the delight of the person and their family.

A relative commented, "[Family member] had a fall. The paramedics were called immediately and staff phoned us straight away to let us know what had happened. They didn't require any treatment, but they were referred to the Falls Team." Another relative said, "[Family member] was losing weight and was referred to the dietician. They recommended [a nutritional supplement] which they now have."

People were supported to positively occupy their time during the day. Three activities co-ordinators were employed to facilitate one to one or group activities, arrange entertainment and take people on outings. Staff told us that planned activities could be adapted and changed particularly for people living with dementia, depending on what they wanted to do. Activities included, armchair exercises, singalongs, quizzes, dominoes, bingo, musical reminiscence, arts and crafts and pampering. People told us they enjoyed the activities on offer and said that the variety was excellent, especially in the run up to Christmas.

Records of people's life stories were in the process of being completed. We viewed some that had been completed and found they contained detailed personal information about where people had been brought up, what jobs they had done and what people were important to them. This information is important to help care workers get to know people better.

During our inspection children from a local school came and sang Christmas carols and brought Christmas presents for people using the service. This was greatly enjoyed by everyone present. One person told us, "This has made my Christmas seeing the children and hearing them sing. It's been smashing."

People's care and support needs were assessed in a number of areas before they started using the service. For example, people's needs in relation to medicines, eating and drinking, personal care and communication. Where a support need was identified a plan was written based on how people wanted and needed to be supported. For example, one person's care plan set out in detail how they liked to be supported through the night as they could become unsettled. Care plans were detailed and personalised. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. This meant staff had access to key information about how to support

people in the right way.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives told us they felt involved in the planning of care as they were invited to attend regular care review meetings. Records showed care plans were reviewed by staff regularly or when a person's needs changed.

The regional facilities manager told us how internet access was going to be available in the home in early 2018. The registered manager told us how they planned on increasing people's access to computers to support them with their communication needs in line with the Accessible Information Standard (AIS).

The provider had a complaints policy and procedure which gave people information on how to raise any concerns they might have about the service. People told us that they did not have any complaints, but they knew that they could raise these with the registered manager. We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively.

We saw that where possible, people remained at the service at the end of their lives as long as they did not require specialist care that could only be provided at a hospital. People's care plans reflected their preferences, where people felt able to discuss this sensitive area. One person's care plan stated, '[Person] is a practising Roman Catholic so it is very important to them that they see a priest.' This meant staff had information to refer to about the person's wishes should the person not be able to make their wishes known.

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

The registered manager had been in post since September 2017, following a handover from the previous manager. On the first day of our inspection we were met by the operations support manager who was providing ongoing support to the registered manager several days a week. The registered manager said, "I've had loads of support from the provider since I took up the post." There was a clear management structure in place and staff understood who they reported to.

We were assisted throughout the inspection by the registered manager, operations support manager and regional director. All records we requested to view were produced promptly. The operations support manager told us, "They're an established team here. The care staff are really caring. They'll come in on their days off if someone needs to go somewhere. There are good interactions between staff and people, good banter."

People and relatives spoke positively about the registered manager being approachable and always visible around the home. One person said, "The manager is always happy to stop and chat. She'll always listen." Another person told us, "The manager is always around and knows all our names. I don't know how she does it."

Staff said the registered manager was approachable and supportive and they had plenty of opportunities to provide feedback about the service. Staff meetings were held monthly. Issues covered included staff training, activities and care records. Minutes of staff meetings were taken so staff not on duty could read them later. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time.

Feedback from people and relatives had been sought informally and using a satisfaction survey. The results of the most recent survey in August 2017 were mostly positive. When the registered manager took up the post shortly after this, they arranged a social event to get to know people and their relatives and address any issues they may have had. A relatives' meeting was scheduled shortly after our inspection. Relatives we spoke with said they felt able to approach the manager at any time and were confident they would address any issues raised.

The registered manager carried out a daily walk around of the home and daily 'flash meetings' were held so operational issues could be raised and addressed immediately. These were attended by each head of department so all areas of the home were represented. For example, care, catering, housekeeping and maintenance. We saw this aided communication across departments and improved outcomes for people who used the service. A 'resident of the day' system was in place which involved a full review of one person's care including reviews of care plans and assessments. In addition, the person's views were sought and the person had the opportunity to discuss their needs with other staff such as the chef and for their bedroom to have a 'deep clean.'

When we last inspected the home we found the provider had an effective system of quality assurance checks or audits to monitor the quality and safety of people's care. During this inspection we found this was still the case. Audits were completed regularly and were up to date when we visited for areas such as medicines, care documents, infection control and health and safety. Actions arising from audits carried out by the provider, registered manager and deputy manager were captured in a single 'service improvement plan' with target dates for completion. All actions had been completed or were being addressed at the time of our inspection. This meant audits were effective in identifying and generating improvements within the service.