

Willow Tower Opco 1 Limited

Elstree View Care Home

Inspection report

Edgwarebury Lane
Elstree
Borehamwood
Hertfordshire
WD6 3RG

Tel: 02082360100

Website: www.sunrise.care.co.uk

Date of inspection visit:

10 May 2023

11 May 2023

Date of publication:

10 July 2023

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

About the service

Elstree View Care Home is a residential care home. The home can provide care for up to 81 people. At the time of our inspection there were 48 people living at the home. The care home was arranged over three floors. One of the floors specialises in providing care to people living with dementia and this unit is called the reminiscence floor.

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

People told us they were happy with the care they received. Overall risks to people were identified and managed. We did identify one area for improvement regarding supporting people on outings. We made a recommendation to the provider about this. Medicines were managed safely. The provider had good systems in place to safeguard people from the risk of abuse. Staff worked effectively within their infection control policy and were very proud of the high standards of cleanliness across the home.

People's needs were assessed before they moved into the home. People were supported to eat healthy food and they were involved in the planning of the menus, which were seasonal. Staff supported people to attend their medical appointments and healthcare professionals hosted satellite surgeries at the home if required.

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. Staff were safely recruited in line with best practice and there were enough staff to care for people. Staff received a detailed induction and they had the necessary training to care for people.

The culture of the home was one that placed the needs of people first. Staff were individually caring, and respected people's dignity and privacy and people were supported to stay independent.

Care plans reflected what was important to people. People's views were sought and recorded on their care and their future wishes. Care plans were reviewed regularly to ensure that they met people's needs. Communal spaces and activities were used to ensure a sense of community and protect people from the risk of isolation. The activities were chosen based on people's hobbies and interests.

The registered manager completed regular checks and audits on the quality of the service and acted if they observed any shortfalls. There was effective communication between all departments in the home which meant staff felt they had the necessary support to carry out their roles.

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

Rating at last inspection and update

The last rating for Signature at Elstree Home under the previous provider at the same premises was good (published 09 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Recommendations

We made a recommendation to the provider to review how risk's were assessed and planned for.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

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.

Elstree View 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 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Signature at Elstree is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records related to 5 people's care and support. This included people's care plans, risk assessments, medicines records for 6 people and 3 staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included training records, safeguarding incidents, complaints, quality assurance records and a range of policies and procedures. We spoke with the registered manager, deputy manager, activities coordinator, 3 care staff, head chef and 2 domestic staff. We spoke with 7 people and 2 relatives. We spent time observing the care people received. After the inspection we contacted 10 health care professionals to seek feedback and we received a response from 7.

Is the service safe?

Our findings

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

At our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been considered, assessed and planned for. People's files contained detailed information about potential risks and guided staff as to how to reduce these risks. However, the provider needed more robust risk assessments in place for supporting people on day trips as staff did not have the correct information to care for people in the event of an emergency.

We recommend the provider review their practice to ensure risk to people have been assessed and planned for in all circumstances.

- The building was safely maintained. Risks within the environment had been assessed. There were regular checks on equipment, gas, water, fire and electrical safety.
- There were individual personal evacuation plans for each person which described how they needed to be supported in the event of an emergency. By the main door there was grab bag to support staff in an emergency.

Using medicines safely

- Medicines were administered safely. Medicines were administered by senior care staff. There were appropriate procedures in place for medicines to be ordered, stored and disposed of safely.
- The provider was using an electronic system for administering medicines. We identified a concern regarding how staff were recording as and required (PRN) medications. We brought this to the attention of senior staff who took prompt action to address the issues.
- People were safely supported to take their medicines by staff whose competency was regularly assessed.
- There were regular audits of medicines which were carried out to help identify and address any issues.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a safeguarding policy and procedure in place and staff understood how to raise a safeguarding concern. Safeguarding concerns had been reported to the local authority and the CQC appropriately.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe. People told us staff were

available when they needed them, and they did not have to wait for support. One person said, " There are enough staff and more importantly, the staff are all concerned with our wellbeing."

- Staff were recruited safely. During the inspection we reviewed the recruitment records for three new staff members. Within the files we saw there were references from previous employers and staff had up to date Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people who lived in the home in accordance with government guidance.

Learning lessons when things go wrong.

- The provider had robust systems in place to ensure that they were learning from incidents and accidents. The registered manager and senior staff reviewed all incidents and accidents each month and carried out regular audits to identify trends and disseminate best practice to try and prevent reoccurrences.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was planned and delivered based on national guidance and standards. The home had a separate team which managed referrals into the home. People and their relatives were offered the opportunity to view the accommodation before they moved in.
- Once a person was accepted for the home their pre- assessment information was used to complete care plans and risk assessments. People's care was delivered in line with appropriate best practice and covered different areas of people's lives where they needed support.
- Before a person moved in staff completed a personal bulletin about the person's needs which was given to kitchen staff and cleaning staff to help ensure their needs were met.

Staff support: induction, training, skills and experience

- Staff had the required training to support people. Staff received an induction before they started providing support. The induction process lasted for three months which allowed care staff to do the required training and be confident in their skills to carry out their role. Staff received training the provider considered mandatory such as health and safety, safeguarding, moving and handling and dementia care.
- Staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional and hydrational needs were met and recorded within their care plan. There was detailed information recorded about people's likes and dislikes.
- In the reminiscence neighbourhood, there was pictorial menus for people to decide what they would like to eat.
- The chef liaised regularly with care staff about people's choice of food and each day people were given options on what food they would like to eat. The kitchen was clean and tidy, and it was clear the chefs enjoyed working at the home. He told us, "I love the residents".
- If people had any specific dietary needs or risks this was managed appropriately. The chef held information on all people's dietary needs. This included the provision of texture-modified meals and thickened drinks to reduce the risk of choking.

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

- People were supported to live healthier lives. People were supported to access external healthcare services. Each week the GP visited and there was two dedicated staff members who supported the visits. This meant staff knew people's individual needs. Feedback from healthcare professional included, " There have been countless times, where the carers mentioned that they felt the patient 'does not look right', and their intuition have been invaluable" and "Carers are caring individuals who are very organised and know the patients implicitly."
- The home also worked in partnership with a local physiotherapist and podiatrist who visited the home each week. This meant people had access to the support if needed.
- Staff at the home were proactive in engaging with healthcare professionals. During the inspection we observed a multidisciplinary meeting happening as a person's needs had changed.

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

- The home was suitable for people's needs. It was homely and welcoming. At the reception area there was a café bistro for people to meet and have coffee throughout the day.
- The registered manager told us the home was undergoing a programme of repairs and recognised that some aspects of the reminiscence neighbourhood needed attention. For example, the walls were painted with the same colour which meant it could be hard for some people to recognise their rooms.
- The refurbishment work was still in the planning stage, so the home had continued to address some of the outstanding repairs. For example, there were currently a number of ceilings which had temporary repairs.
- Some communal carpets needed to be replaced but as this had not happened. There was enhanced cleaning of these areas.
- We found people's personal equipment was clean and maintained and equipment was serviced in line with the manufacturer's recommendations.
- People were supported to personalise their bedrooms with objects and photographs of their choice.

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 MCA 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Where necessary, the provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully. They sought advice from the local authority's DoLS team to ensure they followed guidance appropriately.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. 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

- People were treated with kindness, and it was evident that staff knew people well. There was a relaxed atmosphere in the home and people were participating in activities they enjoyed. Comments included, it is a "Home away from home" and " The atmosphere is open, warm, supportive and caring."
- Staff were attentive and provided small acts of kindness. For example, one person had an important event to attend, and staff ensured this person's needs were met, from arranging travel to ensuring there was a suitable staff member that could attend to support the person.
- On the reminiscence floor staff sat and ate their lunch with people and this proved successful as it encouraged people to eat but also allowed for staff to chat with people.
- Senior staff told us they supported people from different cultures and religions and the care plans we viewed confirmed this. Each week people celebrated the Jewish Shabbat dinner which is a time for honouring tradition and spending times with loved ones. There was also a weekly visit from a priest and people were supported to attend church.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their families were consulted regularly about their care and support. Within the care plan there was opportunities for staff to gain feedback from people and their relatives.
- People we spoke with told us they felt staff treated them with respect and maintained their dignity when providing care as well as supporting them to be as independent as possible.
- People's privacy and dignity was maintained. People were consulted on how they would like their care to be delivered and specifically in relation to the gender of the care worker. Staff spoke about the importance of maintaining people's dignity and privacy. People told us that staff knocked before entering their rooms. One staff member said, " We need to be mindful of someone walking into a room as they may feel we are a stranger."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider this key question was rated outstanding. At this inspection the rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care was planned to meet their needs and it was evident from speaking with staff and people that it was a core value of the home. One relative said, "The care and support [person] is given is really to a very high standard. It is consistent. The teams are responsive to her needs and requests."
- Records of care showed the service responded to people's changing needs. This included additional support with care as people's needs changed. Staff carried out additional welfare checks and this was monitored by senior staff.
- Care staff had access to people's care plans using a mobile telephone application. Care was recorded in real time and senior staff could see if there were concerns for example, one person had not their daily fluid intake and care staff were made aware of this.

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

- People were encouraged to spend time together and there were regular events, staff spent time with people to understand their goals and wishes. For example, one person enjoyed painting, staff turned a room into an art studio so they could continue to paint. The person told us, this was wonderful as they continued to do something which they loved doing.
- We saw examples of when staff had supported people to follow their hobbies. For example, the home had some resident budgies as some people enjoyed bird watching.
- There was a dedicated team which coordinated activities. For example, there was weekly trips to local landmarks which people spoke positively about.
- Staff arranged various activities which reflected people's specific interests, preferences, and past hobbies. Activity records showed people had enjoyed various activities in the home, including trips out to local parks, and weekly flower arranging.
- Staff spoke about the importance of celebrating important events and in particular birthdays. Staff held parties for people and their family members, we read one compliment which said, " I just wanted to thank you for a wonderful time - I appreciate how hard you worked to make the celebration. "
- The provider was in the process of developing a cookbook and people were working on recipe ideas to contribute to the book.
- The provider was also committed to engaging with intergenerational care which brings the younger and older generation together. Local schools visited each week to participate in coffee afternoons and a quiz and staff spoke about the positive impact this had on people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and recorded in their care plan, for example if a person was issued with hearing aids and what support they needed to use these aids. Information was produced in different formats to promote wider accessibility.
- There was a dedicated reading area within the home and books were available in different formats to ensure they met the needs of people living at the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and the complaints process was discussed during residents' meetings. People said they knew what to do if they were unhappy with anything or wanted to make a complaint. There had been two complaints in the last year and the provider had followed their policy.

End of life care and support

- At the time of the inspection the provider was supporting people who were receiving end of life care. People's end of life care needs were recorded in their care plans.
- The registered manager met with relatives, and they discussed end of life wishes and people were reminded of the importance of this.

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 our last inspection under the previous provider this key question was rated as good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, caring culture which achieved good outcomes for people. People, relatives and staff we spoke with told us the management team were caring. One professional said they would sum the home up as having, "Kind, considerate staff who are always helpful and they follow advice." "
- There was a clear vision and set of values which was shared by all management and staff which focused on people receiving personalised care. Staff comments included, " It is a good place to work, the managers are helpful and anything you need you can always ask. Honestly, everyone wants to be here it is a good home".

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

- The provider understood their regulatory requirements and responsibilities and monitoring was completed across the service to ensure each area was compliant with these. The provider undertook regular audits of different aspects of the service.
- Each area of the home had clear, effective accountable structures in place to monitor the service. This meant the registered manager could see how the day-to-day service was being managed and could support as and when required.
- The provider had suitable systems to ensure standards remained high. Regular audits were carried out regarding key areas such as care plans, medicines, and health and safety. There was oversight of the service carried out by an external quality assurance team who also regularly visited the home.
- The registered manager had recently completed a training course which furthered developed their skills and leadership. The registered manager spoke about the importance of staff training as it was central to delivering good care.

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

- The service engaged with people and other stakeholders. The provider completed a yearly satisfaction survey which was overwhelmingly positive.
- The registered manager and senior staff had good systems in place for obtaining feedback. This included daily handovers on each floor, staff meetings and morning meetings. These meetings allowed staff to share information relating to their key roles and reflect on their practice.

Working in partnership with others

- The staff worked in partnership with outside healthcare agencies and other professionals. On the day of the inspection there were healthcare professionals visiting people and staff were proactive in ensuring all relevant agencies attended meetings.

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 and senior staff understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong. The ethos of the service was to be open, transparent and honest.