Lifestyle Care Management Ltd

Eltandia Hall Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15 December 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 30 July 2014, where we found the service was meeting all the regulations we looked at and was rated as good.

Eltandia is a care home that provides nursing and personal care for up to 83 people. The service is divided into four separate units, Farish, Irvin, Scott and Ivy. Farish specialises in the care and support of younger people with physical disabilities, while the other three units accommodate older people with nursing and personal care needs. There were 56 people using the service when we visited, of whom approximately a quarter were living with dementia.

The service had undergone some organisational and management changes in the last six months and has been re-registered under Lifestyle Care Management Ltd.

The service had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

However, in the preceding two and half years, three different managers have been in day-to-day charge of the home for varying lengths of time. Constant changes to the management team and a lack of continuity have inevitably had an adverse effect on the quality of the care and support people living at the home receive. The provider told us a new permanent manager had just been appointed who would be replacing the current registered manager in February 2016.

People were not always given their prescribed medicines at times they needed them. We found a number of errors in the storage, administration and recording of medicines which may have compromised people's safety. The service had established its own internal monitoring of medicines systems, but these auditing processes had failed to identify these errors.

There were risks that people's needs may not always be met because staff were not always suitably trained or supported by the provider to carry out the roles they were employed to perform.

We also found the provider did not always operate effective governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. This meant the provider could not continually evaluate their service, and where required, drive improvement.

We identified three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

The home employed activities coordinators who offered social activities. Relatives were able to visit whenever they wished. Thereby the risk of social isolation was reduced. However, people were not always offered the range of activities suitable to meet their needs. We have made a recommendation about the opportunities people using the service have to participate in meaningful leisure and recreational activities that reflect their social interests.

People told us they felt safe living at Eltandia. Staff we spoke with were knowledgeable about what they needed to do if they suspected anyone was at risk of abuse. The provider had recruitment processes in place to make sure only suitable people were employed by the service.

People said they felt they could raise issues with the registered manager and their concerns would be listened to.

Staff asked people's consent before providing care. If people were not able to give consent the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to protect people who may not be able to make decisions for themselves and to help ensure their rights are protected.

People and their relatives were positive about the care they received at Eltandia. They had access to healthcare professionals when they needed them. People told us staff were kind and caring. We saw there were enough staff on duty to meet people's needs.

Care was individualised to meet people's diverse needs. They were involved in deciding how care was to be provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not properly and safely managed in the home. Specifically the storage, recording and administration of medicines was not always in line with current legislation and guidance. This meant we were not assured people received their prescribed medicines when they needed them.

There were robust safeguarding and staff whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. There were enough staff to meet the needs of people using the service.

Risk assessments had been undertaken so people were supported to be as independent as possible whilst ensuring their safety.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs may not be fully met because staff were not always suitably trained or supported by the provider to perform the duties they were employed to do.

The provider met their requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected. This included when people were not able to give their consent and the provider had made applications to the local authority to deprive people of their liberty in a correct and safe way.

People were helped to maintain good health with access to healthcare professionals and good nutrition.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect. Staff were aware of the need to ensure people's confidentiality.

People told us they were involved in the writing of their own care plans to help ensure they reflected their diverse needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have enough opportunities to participate in meaning social activities that reflected their interests.

People received care that was personalised.

People felt able to raise any issues or concerns and they felt these would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not established effective governance systems to routinely assess, monitor, and where required, improve the quality and safety of the service people received. This meant the provider could not continually evaluate their service, and where required, drive improvement.

People were positive about the current registered manager, although there had been a number of changes within the management of the service which meant continuity and oversight may have been compromised.

Eltandia Hall Care Centre

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 checked 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 15 December 2015 and was unannounced. It was carried out by two inspectors, a specialist CQC pharmacy inspector 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 service.

Prior to the inspection we reviewed the information we held about the service. We looked at information about the service such as notifications about significant events they are required to submit to the CQC. We also had contact with the local authority safeguarding adults and quality assurance teams.

During our inspection we spoke with six people who lived at the home and two of their relatives, a visiting community psychiatric nurse, the provider's regional director, a registered manager from another of the providers care homes, the deputy manager, two nurses, six care workers and a member of the catering staff. We also spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We looked at various records that related to people's care, staff and the overall management of the service. This included eight people's care plans and five staff files.

After the inspection we contacted three healthcare professionals who were involved with the service to find out their views about the care and support provided at Eltandia.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed properly and safely in the home. We looked at a sample of medicines records and supplies of medicines across all 4 units and found that medicines were not always stored appropriately and people were not receiving their medicines as they should.

Although arrangements for ordering medicines were effective, all prescribed medicines were available, and were stored securely in locked rooms; medicines were not stored at safe temperatures. Instructions on temperature logs stated that the medicines should be kept at 22-25˚C; however these logs showed that the temperature of all four clinical rooms had been consistently above the recommended temperatures for medicines, rising to 31˚C, throughout 2015. Insulin (a medicine to manage diabetes) requiring storage between 2-8˚C was being stored in a medicines fridge at up to 20˚C. So we were not assured that medicines were stored at the recommended temperatures to remain effective. The Regional Director told us that air cooling units had been purchased and would be installed in December 2015.

All of the people living at the home relied on staff to administer their medicines to them as they were unable to self-administer. A comprehensive medicines policy was in place, and staff had received medicines training. When we checked supplies and records, we found that most people were receiving their medicines as prescribed, but we noted issues on the medicines administration records (MAR) for five out of the 31 people checked which had not been picked up during the daily medicines audits. For example, an eye drop for 1 person had not been administered as prescribed for 8 days. One person's MAR had been completed in advance, stating that the person had refused one of their medicines on 20 and 27 December 2015, although these dates were in the future. Therefore we were not assured that medicines were consistently administered as prescribed to all of the people living at the home.

Some other medicines records were not completed in full. Records of medicines disposed of were incomplete, as signatures were not always recorded for the person disposing of medicines, or the person collecting medicines on behalf of the pharmacy. The application of prescribed creams was recorded by the use of ticks on some medicines records, instead of the initials of the care staff applying the cream. Staff did not record the actual dose given when people were prescribed a medicine with a variable dosage, for example, one to two tablets. Medicines stock balance checks were not being carried out for all medicines, in order to check if medicines were being administered correctly.

We discussed the issues with the Regional Director, who carried out a thorough medicines audit on the day of our inspection, and told us that they would take immediate action. Following the inspection we received an action plan which indicated the action that had been taken by the provider with regards to medicines.

These failures described above represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Eltandia. One person said, "I like living here, it's safe," and another said "I have always been safe."

The provider took appropriate steps to protect people from abuse and neglect. The provider had policies and procedures in place which set out the action staff should take to report any concerns they might have. Other records showed staff had received safeguarding adults training. It was clear from discussions we had with the management team and other staff that they all knew what constituted abuse and neglect, how to recognise these signs and to whom they should report any concerns they might have.

Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised in the past, the management team had taken prompt and appropriate action to report this to the relevant local authority. Following an investigation into a recent safeguarding incident, an action plan was put in place by the management team that made it clear what staff needed to do to prevent or minimise the risk of a similar incident reoccurring.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed guidance on how to do this in a safe way was included in their care plan. We observed two members of staff use a mobile hoist to safely transfer one person from their wheelchair to an armchair. We also saw staff use appropriate moving and positioning techniques throughout our inspection to support people to stand up and sit down, as well as walk short distances.

There were sufficient numbers of staff deployed throughout the home to help meet people's needs. Positive comments we received included, "There are enough staff working here," and "I don't think there is a shortage of staff." Whilst the majority of people thought staffing levels were adequate, we noted some comments from relatives included "Usually there are enough staff about, but sometimes, only occasionally they are short."

Despite this, throughout our inspection we observed staff were visibly present on all four of the home's units and were prompt to support people when needed. For example, we saw staff on two separate occasions respond immediately to a call bell alarm being activated by people who required assistance. It was clear from staff duty rosters we looked at and comments we received from staff that there were enough staff working on each of the homes four units at the time of our inspection. The deputy manager told us staffing levels were determined according to the number and dependency levels of the people using the service and were flexible. For example, we saw a nurse and three carers were working on Farish during our inspection which the management team confirmed would be increased to five members of staff during the day if the unit was fully occupied.

The provider had established and operated effective recruitment procedures. Staff records showed pre-employment checks were undertaken by the provider to ensure staff had the qualifications, skills and knowledge to support people, and that they were suitable to work at the service. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks.

Requires Improvement

Is the service effective?

Our findings

Staff were not always appropriately trained or supported by their managers. People using the service and their relatives typically described staff as being caring and good at their jobs. One person said, "I think the staff are well qualified to do what they do," and "I think they do a good job." Despite this staff records showed that some staff had not refreshed key aspects of their training at regular intervals contrary to the provider's own policies and procedures on staff training. For example, most staff had not updated their existing moving and handling, managing medicines and respect and dignity training for well over two years. Records showed low rates of staff refreshing their training had been identified as an issue by the provider following a quality monitoring visit they carried on the 7 December 2015. It was also clear from discussions we had with the deputy manager and two other members of staff they felt staff not updating their existing knowledge and skills at regular intervals was an issue. One member of staff said, "Our training has slipped since the training manager left, but things have started to improve now we're under new management." We discussed this issue with the management team who told us the departure of the home's training manager earlier in the year had compounded this training issue.

In addition, staff were not always appropriately supported by the home's management. Although records showed staff regularly attended individual and group, staff's overall work performance was not being formally appraised on an annual basis. This was confirmed by discussions we had with the management team and other staff we spoke with. One member of staff said, "We have lots of team and supervision meetings here, but I can't remember the last time I had an annual appraisal with my manager." This meant staff did not have enough opportunities to review their working practices or look at their personal development.

These shortfalls in relation to staff refresher training and appraisal represented a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 staff had received recent training and were able to explain the impact of MCA and DoLS on people living at the home. The registered manager had made a number of applications to the local authority for authorisation to deprive some people of their liberty and these had been granted. We saw there were

systems in place to ensure timely applications were made to renew the safeguards within the timescales as specified within the authorisations in line with legal requirements.

People's consent was sought prior to care and support being provided. Throughout the day we saw and heard examples of staff asking permission before providing care. One person said, "The staff always ask me first before doing anything" and "The staff are very friendly towards me and other residents."

We saw signage throughout the home was good which helped people using the service identify rooms or areas important to them such as their bedrooms, toilets, the lounge and dining room. We also saw memory boxes had been fitted on or near people's bedroom doors, but not for all people. These boxes contained the individuals name and family photographs to help that person orientate themselves.

People were encouraged and supported to eat and drink sufficient amounts to maintain their well-being. We saw people's nutritional needs had been assessed and reviewed regularly. This included people being weighed monthly and more often if required. In this way any major fluctuations in people's weight could be monitored and referrals made to appropriate healthcare professionals.

During our observations over lunchtime we saw staff took time to encourage people to eat their meal. Some staff sat with people on a one to one basis and engaged people in conversation whilst assisting them to eat. People were given choice about what to eat and drink throughout the day. For example, an alternative meal was available if people decided they did want what they had originally chosen. We saw people were offered hot drinks and biscuits throughout the day; water and juice were available to people in the communal areas for people to help themselves.

People had access to healthcare professionals. There were records from many healthcare professionals and about the outcome of their visits to the home. In particular we noted GP visits were clearly recorded as there had been a previous issue about communication within the home. One healthcare professional said their view was that the home 'was working much better than previously, but there was still room for improvement with regard to communicaton.'

Good

Is the service caring?

Our findings

People and their relatives spoke warmly about the care they received at Eltandia. They told us that staff were kind and caring. Some of the comments we received included, "The staff are kind to me and these girls are genuine people," and another person said, "I've had lots of care. They are good to me." A relative also explained "They [staff] are friendly with all the residents and are happy and very good with them," they went onto say "The staff are kind, attentive and respectful. We have no anxiety with [relatives] residency."

We saw staff treated people with kindness. Staff were visible in the communal areas of the home checking on people's welfare and assisting them when necessary. In one example, we heard someone call out for help and a member of staff responded 'yes, I'm coming' almost immediately. People always looked at ease and comfortable in the presence of staff. We also saw a member of staff support a person to wash a mug they had used following this individuals request to help staff wash up after afternoon tea. Some people were in bed and we observed staff checking on them throughout the day.

Staff ensured people's right to privacy and dignity were upheld. One person said, "The staff are respectful and I don't mind who looks after me." Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's bedroom doors were kept closed when staff were supporting people with their personal care.

People were involved in the planning of their care. Some people were able to tell us they had a care plan and what was written in the plan. One person went onto say "They [staff] involve me changes to my care plan." Some relatives were also able to tell us about their family member's care plan and their involvement in the plan. Care plans contained information about people's diverse needs. In one example, we saw there was information about the person's political beliefs and how important they were to them. There was also information about people's religious and spiritual needs were included in their care plan. Representatives from various religious denominations' regularly visited the home to support people according to their faith. Most people also had information about their end of life wishes recorded. In this way, the service was ensuring that care provided reflected and met people's needs.

We saw that information about people was kept confidential. People's records were stored in the nurse's room and kept locked when not in use. Staff we spoke with were aware of the importance and need to keep information about people confidential.

There was a range of information available in the communal areas for people and their visitors. This included information about the daily and weekly activities programme and listed food menus. There was also a suggestion box so people could comment on the service anonymously.

Requires Improvement

Is the service responsive?

Our findings

The service offered activities to people who lived at the home. The majority of people were positive about the activities on offer. Comments we received included, "When there is something I fancy doing, I join in." Another person said, "On the whole there is enough to do." Whilst someone else told us, "I think there is a lot to do, but I do what I want." Whilst people using the service felt their social needs were sufficiently met, this was not our observation on the day of the inspection. We observed only one activity taking place on two residential units within the home. There was a timetable with a programme of activities listed, but this was not followed on the day. We were told the service employed three activities co-ordinators; however on the day they were unavailable within the home to undertake activities with people using the service as they were involved in administrative tasks and also accompanying one person to a day centre. It seemed that these tasks took priority over their roles to engage and interact with people. We raised this issue with the regional manager who agreed to review the activities programme available to people.
We recommend the provider review the provision of activities in the home according to the national guidance, including the social care institute of excellence (SCIE) guidance called, "Activity provision: benchmarking good practice in care homes".

We saw people were supported to maintain contact with their friends and relatives. Relatives told us they were able to visit their family members whenever they wanted and were not aware of any restrictions on visiting times. A relative said, "its 10 am to 10 pm, as far as I know." Care plans identified people involved in the person's life so staff were clear who they were. Relatives told us they were made to feel welcome when they visited.

People received personalised care that was responsive to their needs. We saw people had a one page summary of 'My Life Story' which included sections for important memories, favourite belongings, beliefs and values and routines. Where this document had been completed it provided invaluable information about the person and what was important to them. In other examples we saw information which outlined personal hygiene preferences and choices such as if people liked to wash or shower and when. It also included their preferences for toiletries. In this way care was being tailored to people's needs and wishes.

In addition, we saw care plans documented prompts for staff to make sure people were receiving the support they required. For example, for someone who was identified as having difficulties in communicating, there were a series of strategies for staff to consider when assisting the person such as speaking clearly and using short sentences. The care plans we looked at were routinely updated to ensure the information remained accurate and up to date.
People were given a copy of the provider's complaints policy when they first came to the home and we saw there were copies throughout the home in the communal areas. People we spoke with knew how to make a complaint and said if they had a complaint to raise they would talk to staff. We saw the home's had a complaints policy which outlined the process of making a complaint and timescales for the provider to deal with the complaint. The service kept records which showed complaints were dealt with in a timely and appropriate manner.

Requires Improvement

Is the service well-led?

Our findings

People were not always protected against the risks of unsafe care and treatment because the provider did not operate effective governance systems or processes to routinely monitor and improve the quality and safety of the service people received. Specifically, we found the services established quality monitoring systems had failed to identify a number of medicines handling errors. For example, although daily medicines audits were carried out on all four units, these checks did not always pick up instances when medicines were not administered as prescribed, or when medicines records were not completed correctly. Furthermore, the management team had difficulty locating some of the records we requested during our inspection. This was because this information was not always kept securely. Some of it was either missing or had been misfiled. For example, staff training records were not stored securely enough in that the staff were unsure whether some of the information was kept on file or electronically on the home's computers an could not immediately access this.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has had a registered manager in post since November 2015. We were informed the home's current registered manager would be leaving in February 2016 to undertaken a different role within the organisation. Another manager had been appointed and was due to take over the role in February. People spoke highly of the current registered manager. Comments we received included, "The manager comes round sometimes and I feel I can approach her with a problem and I think she would sort the problem out." Someone else told us "The home is well run and I like it here."

The service had experienced a number of significant changes in the last two and half years. This had included two managers over that period and a change in ownership of the service. This lack of stability and continuity of management meant it had been difficult for the home to ensure it met its aims and objectives in a consistent manner.

The provider did not operate effective governance systems or processes to routinely monitor and improve the quality and safety of the service people received. Specifically, we found the services established quality monitoring systems had failed to identify a number of medicine handling errors. for example, although daily medicines audits were not carried out on all four units, these checks did not always pick up instances when medicine were not administered as prescribed, or when medicines records were not completed correctly. Furthermore, the management team had difficulty locating some of the records we requested during our inspection. This was because this information was either missing or had been misfiled. For example, staff training records could not always be accessed quickly because of the way this information was kept on file or electronically on the homes computers.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some opportunities for people to express their views about the service. The last client satisfaction survey was sent by the previous provider in November 2014 to relatives and healthcare professionals involved with the service. We were told the current provider did have systems in place to survey people and their relatives in the near future.

the registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the home. It was evident from the CQC records we looked at the service had notified us in a timely manner about safeguarding incidents.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe storage, administration and recording of medicines. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective governance systems to regularly assess, monitor, and where required, improve the quality and safety of the service people received. Regulation 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People using the service were at risk of not having their needs fully met by suitably competent staff because they had not received appropriate training and appraisal to enable them to carry out the duties they were employed to perform. Regulation 18(2) (a).