

Bestcare Ltd

Ellesmere House

Inspection report

Church Hill
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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 24 August 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

Ellesmere House is registered to provide accommodation with personal care to a maximum of 28 people. There were 15 people living at the home on the day of our inspection. The home supports older people, some of whom lived with dementia.

No registered manager is in post at the home. 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.

We had previously completed a comprehensive inspection at Ellesmere House on 14 July 2015 and found the provider was not meeting the law. They were in breach of regulations relating to how they obtained people's consent and also the governance of the service. We gave the service an overall rating of requires improvement. We asked them to take action to make improvements in how they involved people in decision making and how they monitored the quality and safety of the service. We went back again 12 January 2016 to complete a focused inspection on these two concerns. We found the provider had made sufficient improvement to how they involved people in decision making. The provider had not made improvement in how they monitored the quality and safety of the service. Because the provider and registered manager had not made the improvements we had asked them to we issued a warning notice to each of them. A warning notice is issued when registered persons do not meet legal requirements. If they do not meet the conditions of the warning notice we may consider further enforcement action. We gave the provider and registered manager a timescale by when improvements must be made by. We returned to the service 24 May 2016 and completed a focused inspection on this one concern. We found the conditions of the warning notice had been met.

At our focused inspections we did not have enough evidence to show improvement in the overall rating of the service. This comprehensive inspection was completed to ensure the provider had maintained the improvements they had put in place at the focused inspections.

There was no registered manager in post and the provider is recruiting for this role. An interim manager was in place from another one of the provider's homes. The interim manager had been supported by the provider in implementing and sustaining the improvements needed. However, the provider had not made sure they were meeting all of their regulatory responsibilities in the absence of a registered manager.

Staff had a good understanding of people's needs and received training to make sure they had the skills to meet people's needs. This training was not always put into practice as staff did not always put their knowledge of delivering person centred care into practice. This was recognised by the manager who

identified this as a training need for staff and agreed to take action.

Improvement had been made in how the service captured people's capacity to make their own decisions about their day to day care. Staff supported people to make their own decisions and asked their permission before supporting them. However, some people required specific measures to keep them safe and not all staff were aware who had these measures in place.

Improvement had been made to make sure people's changing needs were accurately recorded. People's needs were assessed and they felt involved in what happened to them. Care was planned and delivered in a way that was individual and personal to them.

Staff had a good knowledge of how to keep people safe from harm and abuse. They understood how to raise concerns about a person's safety or when they felt they were at risk of harm. Plans were in place to assess and monitor any risks to people's safety and these were kept up to date as needs changed.

People were looked after by enough staff to support them with their individual needs. When people needed or asked for help and support they were not kept waiting and staff responded quickly. The manager monitored the number of staff needed at the home by taking into account people's individual needs.

People were supported to eat and drink enough. They had access to drinks and snacks during the day and had choices at mealtimes. They were also supported to access health care services and their individual health and nutritional needs were met.

There was a process in place so that people's concerns and complaints were listened to and these were acted upon. Recent complaints had been looked into and resolved.

People, relatives and staff were kept involved in what happened at the home and the improvements that had been needed since our last comprehensive inspection. The quality of the service was monitored by the provider who visited the home on a regular basis.

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.

People were supported by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures in place to help reduce these risks. Staff were available to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

Some people required specific measures to keep them safe and not all staff were aware who had these measures in place. When staff did not put their training into practice this was recognised as a training need. People received the support they needed to meet their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they had opportunity to build positive relationships with. People were kept involved in their own care and treatment and staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual and personal to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was no registered manager in post at the home. The provider had not ensured they had met all of their regulatory responsibilities in keeping us informed of specific events at the home. However, people, relatives and staff all felt involved in the improvements that had been made at the home.

Ellesmere House

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 24 August 2016 and was unannounced.

The inspection team consisted of two inspectors and one 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.

Before the inspection, the interim manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important and specific events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with seven people who lived at the home, three relatives and one visitor. We spoke with five staff which included the interim manager and care staff. We viewed five records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people.

Is the service safe?

Our findings

People felt safe when staff supported them and felt safe living at Ellesmere House. People were able to lock their rooms if they wished. One person told us they felt, "safe and secure" and added, "I have great confidence in all the staff especially when they help me. I have no concerns at all." Staff confirmed they had attended training and understood how to recognise the signs of abuse. Staff told us they would tell the manager if they saw or suspected abuse was taking place. Where there had been concerns about a person's safety within the home we saw the manager had made appropriate referrals to the local authority and followed their guidance and advice.

People were protected from the risks associated with their care and their environment. Staff were aware of the risks associated with people's care and spoke confidently about the support they gave to help reduce these risks. We were informed the lift at the home was broken. This meant that some people were not able to access the downstairs areas of the home. One person told us, "I am worried about being stuck here with no lift but they keep checking on me so I am OK." The manager told us they had put plans in place for each person this had affected and completed hourly checks to ensure their safety and wellbeing. Staff recorded these checks and documented they had been done. We saw staff ensured people had access to drinks and spent time with them during these checks. Televisions and radios had been offered to those that wanted them. Any risks to people's safety and wellbeing were assessed and were monitored regularly.

We saw people being assisted to move around the home with their walking aids. Staff spoke reassuringly to people as they discreetly ensured they were safe. Staff knew what they needed to do in the event of accidents or incidents. We saw staff had taken the appropriate actions the day before our inspection in response to an emergency at the home. Another person had had an increase in falls and the manager had contacted the local authority for advice as they felt they were not able to maintain a safe environment for them. Where accidents or incidents had taken place, these were recorded, actions taken and family informed as necessary.

People were supported by enough staff to meet their needs safely. We saw staff were busy but not rushed and people's requests for help were responded to in a timely manner. One person said, "I have no complaints at all there are always staff to help you and I always feel safe with them. I never worry. At night I have a commode in my room and if I need someone to help me they come quickly." The manager monitored call bell response times by staff. They told us they had recently reminded staff to let people know if it was going to be a few minutes before they could support them. The manager told us that staffing levels were determined by people's dependency needs along with the number of people who used the service.

We spoke with one new member of staff who told us about their recruitment process. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks. They had also been requested to provide references and confirm their identity. We saw records which confirmed the required checks had been completed prior to them commencing work at the home. These checks help to confirm that staff are suitable to work with people living at the home.

People were satisfied with the way the staff managed and supported them with their medicines. One person told us about all the medicines they took. They said, "I know what they are for and they are given to me by [the staff] and kept under lock and key, just like in hospital." We saw people were offered their pain medicine which was prescribed for them as and when they needed it. Staff asked them if they were in any pain and whether they felt they needed this medicine. Staff that administered medicines had received training and been assessed as competent to support people with this. They understood what medicines people were taking and why they needed them. We saw people's medicines were managed and stored safely and staff understood these arrangements.

Is the service effective?

Our findings

At our last comprehensive inspection we found people were not always involved in making decisions about their own care. We had not been assured that people's human rights were protected and any decisions made were or would be in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. Following a focused inspection on 12 January 2016 we found sufficient improvement had been made. At this comprehensive inspection we were assured these improvements had been sustained.

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. We saw people were supported to make their own decisions and give their consent to the support they received. People were asked for their permission before anything staff needed to do. Staff supported people to make their own choices around what they wanted to eat and drink and what they wanted to do with their time. People's consent was sought prior to medicines being administered. We saw that people's care records gave staff clear information on how staff should support them to make decisions about their day to day care. One staff member told us that to support one person to make their own choice about what they wanted to eat they showed them pictures of meals. The person would then choose what they wanted to eat from these. This was confirmed by another person who lived at the home. We saw that people's capacity was considered when consent was needed for day to decisions about their care. Where people needed support to make decisions their care plans gave clear guidance to staff on how they were to help them with this.

People can only be deprived of their liberty so that they can 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. The provider had followed the requirements of the DoLS. One person had a DoL in place which had been authorised and this was due to them being unable to consent to their care arrangements. However, not all staff we spoke with knew this one person had a DoL authorised or the reason for this. Staff must be aware of any person who is subject to a DoL because of the importance of meeting any conditions attached to those authorisations and the impact this could have on care planning.

People were cared for by staff who had received the training they needed to support them effectively. However, we saw two occasions where staff did not put their knowledge of delivering person centred care into practice. On both occasions staff asked other staff to complete tasks whilst they were supporting people. One staff member was supporting one person with their meal and was asked by other staff to complete tasks. This meant the staff member had to keep leaving the person they were supporting. We discussed what we had seen with the manager. They agreed that staff should not be interrupting other staff

whilst they provided support to people. They told us this would be discussed with staff and addressed as a learning point.

People and relatives felt that staff cared for them in the right way and knew how to meet their needs. People and their relatives told us they considered the care that staff delivered to be of a good standard. Staff told us their training was up to date and they felt they had the skills and support they needed to carry out their roles. One staff member told us about how they had been supported when they first started work at the home. They had worked alongside more experienced staff members in order to learn how to support people effectively and to get to know them. Although they had not completed all of their training this had been arranged. The manager told us they had received training in order to support new staff to complete the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff told us they were supported by colleagues and the manager. They had regular one to one time with their line manager in order to talk about their training needs, receive feedback on their performance and to talk about any issues or concerns they may have.

People were supported to have enough to eat and drink throughout the day. They told us they enjoyed the food and were offered choices of what they wanted to eat and drink. One person said, "I find the food to be very good and there is a good choice; so much so that my appetite is now back." We saw that people were regularly offered drinks and snacks throughout the day. They had opportunities to and were encouraged to give suggestions for meals during meetings and when talking with staff. Alternatives were offered if people did not want to eat what was on the menu for any particular day. People's weight and nutritional intake was monitored. This was in line with their assessed level of risk and we saw referrals were made to the doctor as needed.

People had access to healthcare services as they needed them such as doctors, district nurses, opticians and chiropodists. One person told us staff ensured they saw their doctor regularly and also attended their hospital appointments. We saw that staff monitored people's skin integrity closely and sought advice and support from relevant healthcare professionals. One person required regular visits from the district nurse team and we saw outcomes from these visits were recorded and shared with staff.

Is the service caring?

Our findings

People we spoke with were complimentary about the support and care they received from staff. One person said, "Everyone always tries to do their best for you." We saw people were comfortable in the presence of staff and when they chatted with them. Staff spoke kindly to people and showed patience and respect. Support and reassurance was offered when needed and any requests for help were responded to quickly and appropriately. Staff listened to what people said and responded to their questions and conversations. One staff member spoke with each person to ask if they wanted to see the hairdresser. We saw one staff member spend time and sit next to people when they talked about what they wanted the hairdresser to do at their next visit.

Relatives were happy with the care and support their family member's received. One relative said, "We know [person's name] is safe and secure. We have no worries or complaints whatsoever. We all agree the standards are good." Visitors told us that they could visit at any time and found staff and the manager approachable and supportive. One visitor told us, "The staff make you feel welcome."

We saw staff were attentive to people's needs. People were offered a choice of drinks with their lunch and offered assistance where it was needed. Staff did not rush people and they had a choice of where they wanted to eat their meals and what they wanted to eat. Some people chose to stay in their rooms to eat their meals and others in the lounge. One person told us that because there were not many people coming downstairs for lunch they had chosen to stay in the lounge with the other people in there.

People told us they were supported to express their views and make decisions about their care. One person spoke with us about the respite care they had received at the home. They told us they had felt involved in, "every step" of their care and in making decisions. The manager told us people's needs were assessed before they moved to the home. Information about the person and their care needs was sought from the person, their relatives and other professionals involved in their care. They told us this was to ensure they had as much information as possible about people's views. Information from this assessment was used to create their plan of care. Staff told us they were encouraged to look at people's care plans and to find out their wishes and preferences. One staff member told us they also got to know this information from building good relationships with people and getting to know them.

Staff respected people's privacy and dignity. People told us they never felt embarrassed when being helped with their personal care; they felt their dignity was respected. One person spoke to us about when staff supported them with their personal care. They said, "They have to help me and I am never embarrassed. My privacy and my dignity are always respected and the carers help me in a nice way." People told us and we saw staff knocked on their bedroom doors and said who they were before entering. Where people chose to spend time in their bedrooms this was respected and staff made sure they were comfortable.

Is the service responsive?

Our findings

People received care that responded to their changing needs. At our last comprehensive inspection we had concerns because changes in people's needs and abilities had not always been recorded in their care plans. At this inspection we found people's care records we looked at reflected their current needs. The manager told us that since starting at the home they had prioritised this and had updated each person's care plan accordingly. People, their family and staff were involved in keeping people's care plans up to date with their changing needs. More detail about people's preferences and life histories had been incorporated to make them more personalised. We saw that following interventions from healthcare professionals information was now clearly recorded, plans were updated where needed and staff informed of changes to people's care needs.

We saw people were supported by staff who knew their likes and dislikes, what they liked to do and what was important to them. One person was supported by a staff member when they wanted to show the inspector some information which they were proud of. The person had newspaper clippings which the staff member helped them to find in their room. The staff member recognised this was important to the person and helped them to discuss this with the inspector. People told us they were supported to spend their time how they wanted to. They were encouraged to maintain links with their family and the wider community. One person told us, "I get plenty of visitors and I am never bored. Visitors can come when they like which is good." People told us there were events held at the home and spoke about a recent garden party which they had enjoyed. Staff told us they spend time with people chatting with them or looking at photographs with them.

People told us they received care that was individual to them and responded to their changing needs. One person told us about the support they had been given when they first came to the home. They told us, "They [staff] all helped me so much when I came here as I was not at all well and I was so down in myself which is part of my disease. They understood this and once they did I felt much better, they really helped me." Staff were able to talk about the support each person needed and what they needed to do to meet their needs. Where people's needs or abilities changed staff provided care and support that responded to these changes. One person's skin was being monitored by staff and the district nurse. Body maps and skin assessments were completed regularly to ensure a continuous review of this person's care needs. Staff worked with the district nurse team to ensure this person had the support they needed to meet their changing care needs.

People and their relatives were encouraged to give their opinions about the care they received and to raise any concerns or complaints. We saw, at a recent meeting, relatives had asked how to summon assistance in the lounge if no staff were present. The provider had explained about the call bell which was present and had placed a notice in the lounge to inform visitors how to summon assistance if needed.

People and relatives told us they were confident any concerns would be dealt with appropriately. They told us where they did have any issues they would speak direct with the manager or a member of staff. We saw that past complaints the provider had received were recorded, investigated and resolved. The manager told us that recent complaints had been about the lack of a second cook and the impact this had on the quality

of food at the home. In response to these comments the manager told us recruitment was underway for another cook.

Is the service well-led?

Our findings

At our last comprehensive inspection we found that although quality assurance systems had identified issues they were not effective in driving improvements. We also had concerns that there was a lack of effective management systems including records relating to people's care and obtaining people's consent. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following a focused inspection on 12 January 2016 we found insufficient improvement had been made. We issued a warning notice against the provider and the previous registered manager. The requirements of the warning notice were met and this was removed in May 2016. During this comprehensive inspection we found that the improvements put into place had been sustained.

The service did not have a registered manager in post. The registered manager left employment in April 2016 and has cancelled their registration with us. The provider is currently recruiting into this role. An acting manager was in place at the time of our inspection, who has come from another one of the provider's homes. They informed us they had worked for the provider for a number of years and were therefore familiar with the systems and processes they were required to follow. They felt supported in their role and in making the improvements required at the home.

Although we found there were positive improvements throughout the service we found the provider had not met all of their regulatory responsibilities. In the absence of a registered manager the provider had not taken action to ensure we were kept informed of specific incidents which affected the wellbeing of people who used the service. The provider had failed to notify us of two specific events in accordance with their responsibility to submit statutory notifications. The provider had not notified us about the home's lift not working and one DoL authorisation. The manager completed the required statutory notifications and these were sent to us following our inspection.

People and their relatives were kept involved in what happened at the home. Following our previous inspections the provider had attended meetings to give feedback on our findings. They answered questions and gave people and relatives information on improvements that were needed and kept them updated on the progress of these. Inspection reports were available to people and their relatives and were displayed prominently at the home along with their previous performance ratings.

Staff spoken with told us they enjoyed working at the home. They also felt involved in what happened at the home and were kept up to date with planned improvements. We found that although staff were involved in the immediate plans for the service they did not know what the long term vision of the service was or what the values were. All staff told us they felt supported in their roles and found the manager and provider approachable. They had access to management support at all times, including evenings and weekends.

The manager told us they had felt supported by the provider since they had taken up the role. Their priority since starting had been to ensure people received the care and support they needed. They told us they had focused on getting to know people, relatives and staff. They had updated all care plans, ensured all quality checks were in place and training was up to date for all staff, with the exception of newer staff. They

recognised that improvements were still needed at the home and told us they felt confident these would be achieved in the near future.

The provider had systems in place to assess, monitor and report on the quality of care provided at the home. The manager was responsible for completing quality checks at the home and these were shared with the provider. The manager told us the provider visited the home most weeks where they were able to keep them updated on what was happening at the home. We saw the provider's action plan from our last comprehensive inspection was updated and progress recorded against it.