

Oakland Primecare Limited

# Elsyng House Care Home

## Inspection report

1 Forty Hill  
Enfield  
Middlesex  
EN2 9HT

Tel: 02081755100  
Website: [www.oaklandcare.com](http://www.oaklandcare.com)

Date of inspection visit:  
16 March 2023  
17 March 2023  
20 March 2023  
20 April 2023

Date of publication:  
25 August 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Elsyng House is a residential care home providing personal and nursing care. The home provides support to older people, some of whom may be living with dementia. One unit within the home specialises in providing care to people living with dementia. The home accommodates up to 76 people across three floors. At the time of the inspection 74 people were living at Elsyng House.

Elsyng house is a new purpose-built care home based in Enfield, North London. The home was designed to fit in with the surrounding area and architecture. The home was designed to be as environmentally friendly as possible and was proud to be carbon neutral. Each person had a well decorated room with en-suite facilities. People had access to a large activity room, cinema, café area and a well-kept garden with a patio seating area.

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

People told us they felt the home was warm, welcoming and provided "Top notch" levels of care. Staff were said to be extremely kind and caring ensuring all of their care and support needs were met.

We found some concerns around the management of medicines using the electronic medicines management system. Following the inspection the provider took prompt action to address the concerns and sent us evidence of the actions they have taken.

Staff understood the principles of safeguarding and knew how to report any concerns. People's risks were robustly assessed, and clear guidance given to staff on how to effectively keep people safe. Staff were recruited safely, and all relevant background checks completed before they started working at the home. Infection control was well managed, and staff had received training in infection control. During the inspection we found high levels of cleanliness throughout the home. There were no restrictions on visiting and we observed people having visitors throughout the inspection.

Staff were supported through regular supervision and appraisal. There were enough staff to ensure people's care and support needs were met. People received a choice of food and there was a dedicated hospitality team who promoted choice. Staff were aware of any special dietary needs and this was provided. People were supported to attend routine medical appointments and were referred to healthcare professionals quickly if they became unwell or staff noticed a change in their usual presentation. 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 consistently praised by relatives and staff for their attentive and caring attitude. People felt respected and well-treated. People were treated as partners in their care and were fully involved in planning their care.

The home provided a range of activities for people to take part in both inside and outside the home. There was a designated activities coordinator who met with people to plan what they wanted to do. Activities were meaningful and helped people live fuller lives. There was a complaints system in place, people and relatives knew how to complain and were confident any concerns would be dealt with.

There was good governance of the home, and the registered manager promoted an open culture which provided good outcomes for people. There were numerous systems in place to gain people and relatives' feedback. We saw multiple examples of where feedback had been used to improve the quality of care. There were auditing systems in place to monitor and improve the quality of care. Staff were positive about the support they received from manager to help them in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 10 February 2021, and this is the first inspection.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Elsyng House 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors, a CQC nurse specialist and a CQC pharmacist. Four Experts by Experience also supported this inspection. Two attended the on-site inspection to gain feedback from people and two contacted relatives following the on-site inspection to gain their feedback about the home. 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

Elsyng House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elsyng House is a care home with 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.

Inspection activity started on 16 March 2023 and ended on 20 April 2023. We visited the home on 16 and 17 March 2023.

## What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

## During the inspection

We spoke with 19 people living at Elsyng House, 23 relatives, the registered manager, the deputy manager, 2 unit managers, the head of hospitality, the chef, a visiting healthcare professional, 6 care staff and 2 nurses. We looked at 11 people's care plans and risk assessments, 16 people's medicines records, 6 staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Overall, people received their medicines safely. However, we found some concerns around medicines management and how the electronic medicines system was used.
- The stock control of medicines was not well managed. There were numerous incidents where numbers of tablets on the electronic system did not always match the number of actual medicines in stock.
- Information on the times when people's prescribed medicines should be administered had not always been transferred to the electronic system. For example, timing between doses of medicines.
- The electronic system was able to generate reports to show if any people had missed their medicines. These reports were monitored by the director of governance and care and missed medicines followed up with staff. Staff were aware if people had missed their medicines, if waiting for a prescription, and followed up with the GP and pharmacy. Despite this, we found numerous incidents of missed medicines.
- People had PRN protocols in place. However, we found 3 people did not have protocols for when to administer 'when required' (PRN) medicines. When required or PRN medicines are medicines such as pain relief and anti-anxiety medicines. Protocols give staff guidance on when to administer these medicines.
- Immediately following the inspection, the registered manager provided information and evidence on what had been done in response to the concerns noted above.
- A full day super user medication training had been booked shortly after our inspection, for all staff responsible for administering and managing medicines. This was with the provider who supplied the electronic system and would allow staff to better understand the system and ask questions. Staff had also received refresher medicines training on ensuring disposal of old medicines stock as well as how to complete and record accurate medicines stock checks. An audit around PRN medicines had been completed and all PRN protocols updated where necessary. Missed medicines were being addressed and followed up.
- During the inspection we observed staff administering medicines. Staff were kind and respectful when helping people take their medicines.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe living at Elsyng House. People said, "Nice thing about this place is you're treated properly and they all work really hard. Yes, every thing's done well. I'm safe here and well cared for which is what I need" and I'm gratefully they found this place for me as I feel safer here now than I did at home. I think I'm good and safe here as there's always plenty of people around to help me and that's good

for me."

- Relatives were also overwhelmingly positive about their loved one's safety in all aspects of their care. Comments included, "They [staff] have given mum order and calmness in her life, and now she is completely safe. They [staff] are outstanding" and "[Person] is 100% safe in the home. I feel this because there's security on the door and we have to check in when we visit."
- Staff had training on how to recognise and report abuse and they knew how to apply their training.
- People and those who matter to them had safeguarding information in a format they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were kept safe from harm by effective, person-centred risks management systems.
- There were clear and detailed risk assessments in place. Risk assessments were completed based on each person's individual risks and staff were provided with clear guidance on how to minimise known risks. Risk assessments were reviewed regularly to reflect people's current care needs.
- Where people's weight and fluid intake required monitoring to ensure their wellbeing, this was done. Food and fluid charts were in place and staff were aware of actions to take if a person was not eating or drinking well.
- We found there were some minor inconsistencies when using scoring systems to assess nutrition and skin integrity. We highlighted this to the deputy manager who told us this would be reviewed and the required improvements made.
- Relatives were aware of people's risk assessments which were discussed with them and the person concerned. A relative said, "They have put a pressure pad (in case of falls) in mum's room, so they know when she stands up and they are always looking out for her. They have done a risk assessment with her."
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented, and any learning was shared in staff meetings.
- Fire risks were assessed. People had personal evacuation plans which detailed what support the person would need in the event of a fire. There were regular checks of fire systems and equipment.
- The home had up to date maintenance checks for the building and equipment. This included gas, electrical installation, hoists and lifts. There was a dedicated maintenance team who regularly attended the home and staff understood how to report any maintenance issues regarding the building.

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met. A relative commented, "Oh, definitely enough around and enough to support her well. They always have a good number at nights and weekends."
- At the time of the inspection there were no agency care staff being used. The deputy manager told us they had 2 vacancies for nurses which were covered by regular agency staff. The home was in the process of recruiting nurses to these roles.
- There were regular staff which meant people received a continuity of care and were able to build trusting relationships with staff. Relatives commented, "You would think that [person] had known them for years, she introduces the staff to me by all their names and they know her really well."
- Staff were recruited safely. Staff files showed recruitment checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.
- There was a dedicated cleaning team who ensured there were good standards of cleanliness and hygiene. The home was clean and smelled fresh at the time of inspection. We observed cleaning of various areas of the home throughout the inspection.
- The kitchen where all meals were prepared was clean and had received a 5 star food hygiene rating from the local authority.

### Visiting in care homes

There were no restrictions on when relatives and friends could visit people. Throughout the inspection, we observed numerous visitors. Visitors could go to people's rooms if they required privacy, the garden which had a patio area with seating, one of the lounges and the bistro at the entrance to the home.

People told us their loved ones could visit them any time. One person said, "My daughter visits me at any time of day or even night and because I feel safe here it's relaxed for me and her." Relatives said, "We can visit whenever we like. We always receive a warm welcome from all of the staff", "I like the fact that we can book afternoon tea, it's free, and sit in the coffee shop as a family for a lovely afternoon tea!"

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and support needs were assessed in line with guidance and the law.
- Before people moved into the home a detailed pre-assessment was completed. Pre-assessments looked at areas such as the person's history, care needs and risk management. This allowed the registered manager to make a judgement if the placement was suitable and ensure that they would be able to meet the person's needs.
- Following the pre-assessment, a holistic and person-centred care plan was created to ensure that the person's needs could be fully met. People and relatives confirmed they were fully involved in the needs' assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and understood how to care for people appropriately.
- Relatives told us they felt staff were well trained and understood their loved ones needs. Comments included, "Mum is doing good, she has dementia, and they know what they are doing, they are well versed with dementia" and "I think that the staff are trained to keep her well; especially after being in the hospital."
- Staff received a robust induction when they started work which included completing 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. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone.
- Staff received regular supervision and appraisal to help them develop in their role. A staff member told us about their supervision, "One to one meetings, yes they happen. It is quite useful if I have any questions. We are working with people's lives, so I need to make sure. It's quite beneficial for me honestly." There was a programme of regular training to ensure staff were up-to-date with best practice.

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

- People were supported to eat and drink well. People's care and support needs around nutrition and hydration were clearly documented in their care plans.
- People had a choice of food which was clearly displayed on menus in each dining room. Where people wanted something different, this was provided.
- We observed a lunch time which was very sociable, unhurried and with plenty of chatting amongst people and staff. Where people required support to eat, this was done in a gentle unhurried way by staff. If people decided to have their meals in their room, we saw this was provided. A relative said, "[Person] likes to have

her breakfast in her room. They tailor things to meet her wishes."

- People were positive about the quality and choice of food. One person said, "I always have a cooked breakfast and lighter meals in the evenings which I prefer." Relatives said the food was "Exceptional" and further commented, "He does enjoy the food and eats very well; he has seconds if he can" and "Lots of drinks and snacks available!"
- Staff knew people well and understood their likes and dislikes around food. A person told us, "Staff know I always have a cooked breakfast and lighter meals in the evenings which I prefer." A relative said, "The staff are very aware that mum has a decaf tea. They also know that she prefers the shortbread biscuit."
- The home had designed labels for people's food where there was a specific dietary requirement. This included, different levels of food softness such as pureed and soft diet as well as diabetic diets and any food allergies. Labels were put on plates in the kitchen before being given to people. This ensured staff could ensure each person with a specific dietary requirement was receiving the right food.

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

- The home was adapted in all areas to meet people's needs. This included people's personal space as well as communal areas.
- All people's bedroom doors had memory door points such as images of something that they liked, as well as individual colours to each door. This meant people living with dementia were more able to recognise their bedrooms.
- The temperature of the home was monitored to ensure people's comfort in various types of weather. There was underfloor heating in people's bedrooms which could be adjusted to a person's specific needs and their comfort levels. There was also air conditioning throughout the home. The provider was aware of the local authority hot weather protocol and how to keep people safe in extremes of temperature.
- Lighting in each person's bedroom could be changed to help stimulate real sunshine and all lighting levels could be adjusted to suit the needs of the person in the bedroom.
- Dining areas were well spaced and allowed people to walk unobstructed to their seating area. There was also plenty of space for people with walking aids or wheelchairs to move around comfortably.
- The home was decorated to a high standard and felt homely. We saw people were able to bring items of furniture and personal belongings to personalise their rooms. One person brought a number of personal items including instruments which were hung on their walls, along with pictures and photos of other work, like their railway train and track. The registered manager told us the person took great comfort from being surrounded by their special possessions in their final days.

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

- People were supported to access healthcare services in a timely manner and encouraged to have healthier lives, both physically and mentally.
- Staff knew people well and recognised if there was a change in their physical or mental health. People were quickly referred to appropriate healthcare professionals if there were any changes in health.
- People's care files showed people had routine healthcare such as dentists and chiropodists as well as any other specialist healthcare the person required. Where any recommendations or action was required, people's care plans were updated immediately.
- Relatives told us staff were always vigilant about people's health care needs and any concerns were quickly addressed. Relatives told us, "They [person] had a serious skin condition; the team were so good keeping an eye on it. I think they were instrumental in it healing so well", "If anything comes up, like his hearing, the home got new hearing aids. The home was on it straight away for a hearing test!" and one time when she had an infection, and the staff contacted the GP and Mum was seen within an hour."
- There was a weekly GP round at the home where people could be seen face-to-face. The GP tried to time

the visits in line with the Care Home Assessment Team (CHAT) so they could provide a multidisciplinary approach to people's care. CHAT supported the home with community psychiatrist nurses, continence nurses, palliative care, tissue viability nurses and other medical and psychological support where required.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of the inspection, nobody had any conditions on their DoLS.
- Where people were subject to a DoLS authorisation this was clearly documented in their care plans and records showed when the DoLS authorisation needed to be reviewed.
- Staff had received training on the MCA and demonstrated a good understanding of the MCA and how this impacted on people that they worked with.
- Staff understood people's mental capacity could fluctuate when they were living with dementia. People were given choices around their day-to-day activities. A relative was complimentary of how staff dealt with fluctuating capacity saying, "His dementia comes and goes. So, his decision-making ability varies. They let him do what he can such as, wearing a formal shirt rather than a polo shirt. They [staff] treat each person as an individual." A staff member said, "We make sure their choices are respected and everybody is being treated equally according to their needs. Just because they don't have capacity we ask before we do things, so they are treated with dignity, and they have control over their choices."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 well and supported respecting their equality and diversity.
- People and relatives told us staff were really nice and caring people who had a genuine enjoyment in the work they did. A relative said, "The staff are caring and very passionate about the job they do. Nothing's too much trouble for them. People said "I like the care I get, and the other people I can talk to. I get plenty of help from the carers" and "I couldn't be in happier place."
- Relatives were also positive about the attitude and caring nature of the staff. Comments included, "The staff are very pleasant, very polite, helpful and attentive. They are always polite and kind. They don't hesitate to stop and answer any questions that I have" and "I think the staff are lovely, they are amazing, they greet you with a friendly face. They treat [person] like a human being."
- Staff understood how to gently encourage and work with people living with dementia. They took time to find out what was important to people. For example, a relative told us, "He will go round with the maintenance man. The staff have encouraged dad to do this because he's a practical person." This allowed the person to do something that interested them and helped them feel they were able to contribute.
- We observed genuinely kind interactions between people and staff throughout the inspection. For example, one person was seen to be rubbing their arms, staff asked the person if they were cold and immediately went to get a cardigan for them. We saw multiple occasions where staff sat and chatted with people, checked their wellbeing and responded immediately if people wanted anything.

Supporting people to express their views and be involved in making decisions about their care

- People and, where appropriate, relatives, were treated as partners in their care and were fully involved in planning their care.
- Relatives were positive about how the home involved them in care planning. Relatives said, "I am involved in mum's care planning. There was an initial one when she first went to [the home] and then there was another one last year" and "I am involved in her care plan, they involve me all the time with it. They update me on her care plan and ask me my permission."
- As part of involving people and relatives in reviewing care, the home had a 'resident of the day' each month. This was where staff reviewed one person in detail each day to ensure their care needs and documentation were up to date. A relative told us, "I am involved in mum's care planning; we have meetings with the manager. They have a 'resident of the day' and they will call to see if there's anything that we want to raise"
- People were viewed as the heart of the home and their opinions about care were valued. There were regular residents' meetings where people were able to express their views and talk about things they wanted to see in the home.

- People and relatives told us people got up and went to bed when they wanted to. A relative said, "The staff will say to her "let us know when you need help to go to bed and get up". She presses the bell and goes to bed when she wants to."

#### Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and were encouraged to maintain as much independence as possible.
- Staff understood how supporting people to maintain their appearance promoted their dignity. People had access to a barber, hairdresser, and beautician within the home. People told us, "I'm getting my nails done. They've done my hair and styled in a bit just now, it's shorter now which I really like, it was a good idea" and "Yes, so today I'm just getting pampered. Like my nails are going to look lovely once she's finished."
- Staff assisted people to retain their independence in a variety of ways, whilst also being mindful of people's rights to choose. Relatives commented, "They [staff] enable her to keep her independence and they do not interfere with her, they encourage her. They encouraged her to get up and not stay in bed, to get moving" and "They [staff] enable him to retain his independence. They are very good at keeping him mobile and getting the physio in and motivating him." Relatives talked about staff supporting people to use walking aids to improve mobility and "cheering people on."
- Staff did not take over personal care tasks but were there to assist where necessary. A person told us "Lovely girls [staff]" had helped them have a "gorgeous shower" in the morning. The person told us staff helped when she needed it but was encouraged to do as much for themselves as they could. A relative said, "They [staff] encourage her to wash, they help her do that and are really gentle with her."
- People's privacy was respected. Relatives said, "The staff respect her privacy. The staff will always make sure that other residents don't go into her room. Her door is open during the day so the staff can see her", "The staff are so kind. They understand that mum likes company. They have moved her to a room that is near the nurses' station so people pop can in to see her. At the same time, they respect her privacy" and "They support mum to make her own choices. They knock the door before they come into her room, and they ask if it's ok to clean. When they are doing personal care, they put a "do not disturb sign" on the door."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The service had a responsive approach to people's individual wellbeing and worked with people in a person-centred way. This had a positive impact on people's quality of life and increased their independence, self-esteem and prevented social isolation.
- The home had a dedicated activities team and there was a wide range of activities available for people to take part in if they wished. There were activities available within the home and a large activity room to facilitate this. There was a large cinema room where people could have film evenings or use for specific events such as birthdays or sporting events. There were also activities outside the home people were able to participate in. The service had its own minibus which could safely take people out on trips There were regular meetings with people to consult them about activities they would like and what they had enjoyed previously.
- Relatives were positive about the activities people had access to. Comments included, "She enjoys joining in now. They had an opera singer in, she has never liked opera before but she loved him! They have other singers, a therapy dog in, St.Patricks Day, Women's Day, cheese and wine, Mother's Day celebration yesterday. The children come in from the local school. They take them out for walks and go to the park" and "They provide fantastic activities. They have lots and lots of activities. They do day trips and they have even done a mini-Olympics!"
- Where people stayed in their rooms, due to choice or mobility difficulties, the activity coordinator spent time with people to find out what they enjoyed. This ensured people were not socially isolated and were able to be involved. A relative said, "The entertainers come into her room to sing to her; they're really good!" and "She sees the hairdresser regularly. She's unable to get out of bed now to visit the hairdresser and so the hairdresser comes to her room and washes her hair while she's in bed." If a person had a specific need around accessibility, this was catered for. A relative said, "They [staff] adapt things so mum can join in due to her disabilities and they have a "can do" positive attitude."
- During the inspection we observed an activity where people were making soda bread. People taking part told us, "Today we're about to make soda bread, it's to do with St Patrick's day, it's Irish bread. We've got the children to help us today which is lovely, and we will then get it baked and eat it" and "We have all the ingredients here and the carers will help us with the mixing and kneading. it's good fun and sociable too! The children are helping us well there here cos the schools are shut today." The children were in the home because the schools were shut across the town so care staff were allowed to bring their children in to help and chat to the residents. There was a lot of chatting, banter and laughing throughout the activity.
- Where people had a specific faith, the home ensured people were able to continue observing their faith. There was a local vicar that attended the home and held services.

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

- Staff provided an environment where people were supported to lead full lives that recognised them as individuals. People's care plans were person centred and focused on what people were able to achieve, their goals and aspirations.
- People and relatives were treated as partners in their care and fully involved in planning care.
- Care plans were detailed and provided staff with clear guidance and information on how people wanted to receive their care.
- Care plans were reviewed monthly and updated if people's care and support needs changed. For example, following a hospital admission or advice from health care professionals.

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 were assessed and met in a way which ensured effective communication.
- Communication needs were assessed when people started using the service.
- People's care plans clearly documented people's communication needs and explained how staff could effectively work with people to ensure good communication.
- Information was available to people in an accessible way. Large font was used on food menus and the deputy manager told us people could have their care plans in large font if it was required.

Improving care quality in response to complaints or concerns

- There was an effective process in place to deal with complaints.
- When people moved into the home, they and their relatives, were given information on how to complain and what the home would do if they did make a complaint.
- Relatives and people were confident any complaints would be taken seriously and would be appropriately addressed by the home. A relative told us, "I know that I could talk to any of the staff or the manager, I know them really well. I did have to talk to them about something and they got to the bottom of the problem and they took me seriously. If I go to them with something they will try and sort it out."
- There were detailed records of any complaints, investigation, the actions taken to address the concerns and a written response to the complainant. Where any action was taken following a complaint, this was documented.

End of life care and support

- There were systems in place to ensure people's end of life wishes were respected.
- Staff had received training on end-of-life care and understood how to support people coming towards the end of their life in a dignified and caring way.
- One staff member told us the home had a practice called 'a dignity exit' when people did pass away. This meant screens were used to ensure privacy and not cause any distress to other people living at the home. The staff member said, "People are seen out in a respectful way by the staff and residents as appropriate."
- People's end of life wishes were documented in their care plans.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Good governance was embedded in the management of the home by both the registered manager and senior management. There was a focus on accountability and continuous improvement.
- The registered manager and deputy manager were described as being visible around the home and very approachable. People we spoke with knew who the registered manager was. Relatives commented, "The managers are out and about with the residents and families. The managers are always present, and they ask all the time if everything is okay" and "They take the running of the home very seriously. You can see they are the same with the staff, you can see that the residents come first."
- The registered manager had created a culture which placed people at the heart of the home. People were fully involved in planning their care to promote positive outcomes which were individually tailored to each person. Staff were empowered through consistent support to care for people in a way which helped them have a meaningful quality of life.
- Relatives we spoke with were overwhelmingly positive about how the quality of care people received had impacted on their loved ones' wellbeing and outcomes of care. Relatives commented, "It is dead easy, it really has cognitively improved her and had physically improved her appearance as well. She really looks and behaves so differently, she has blossomed since she went to live there. She is so much more cognitively aware. She is well nourished and cared for", "[Person] now has his independence, he has a social life, he is happy, he knows that he has someone to help, he is not being left to rot! We feel that we have him back, he wants to see people and he is interested in things again. We are over the moon with this care home, he is his old self again."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service.
- There was a clear management structure in place which staff understood. Relatives also said, "It is managed very well, they have a very good structure. I think the management is quite structured and everyone knows what they should be doing, firm and fair" and "I think it is very driven by the manager, she is excellent!"
- Staff told us they felt supported by the registered manager and senior management of the organisation. A staff member said, Definitely! [feel supported] Because I know if I have any problems or concerns, I can talk

to my [registered] manager."

- Staff talked about a strong culture of teamwork and placing people at the heart of everything they did. Staff said the best things about working at the home were, "Definitely the way everybody works together and helps each other and seeing the residents happy" and "Everybody works as a team and helps each other to make sure the residents are happy and well looked after!"
- The registered manager understood their responsibilities to notify CQC of any notifiable incidents or concerns.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.

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

- There was a high level of involvement and input from people. The registered manager continually looked for ways to improve the experience of people.
- There were numerous systems in place to gain feedback from people and relatives. This was analysed and used to inform changes to improve the quality of care. Relatives said, "Yes, they email us and there is a suggestion box and ask what could be better etc. They change things if they can." There were also people and family meetings and minutes were circulated to ensure those who may be unable to attend were kept informed.
- Staff told us they felt their ideas and opinions were valued and they were encouraged by the registered manager to speak up when they had an idea or opinion. A staff member said, "Opinions are valued here. They are quite open with suggestions we talk about things!"
- The home had a Wellbeing Champion. This staff member was in charge of ensuring people's wellbeing and looking at strategies to improve inclusivity and wellbeing. For example, there was an LGBTQ pride party last year where a drag queen performed. Feedback from people was they had enjoyed it so much, they requested a return performance on New Year's Eve! Before organising this, it was discussed with people to check they would enjoy this type of event. The staff member told us this was just one example of inclusivity and said, "It's about making people feel included, we are inclusive!"
- The registered manager told us "At Elsyng House we want to ensure that all residents and staff feel comfortable and included. One way we promote this is by regularly hold events with LGBTQ focus. We also have regular sessions with our wellbeing champion, which is for both staff and residents to share any concerns or ask for support with any sexual, religious or spiritual needs."

Continuous learning and improving care; Working in partnership with others

- There was an emphasis on continuous learning and improving care.
- The registered manager was extremely responsive and addressed the issues found during the inspection around medicines management.
- People and relatives' feedback was listened to and acted on to improve people's experience of care. Relatives said, "There is also an emphasis on suggestions. For example, the residents were confused about who the catering staff were, so now they wear different colour clothing." As well as "Things change if I give feedback. I asked to know when they do big events so that we could come and help, and they have done that."
- There were numerous audits completed to review the quality of care. These were reviewed by the providers head office which gave an extra level of governance and oversight. Where any issues were identified, an action plan was completed, and any findings addressed.
- There was a system in place to monitor staff training and when staff needed to refresh any training. This ensured staff had up-to-date knowledge and were using best practice when delivering care.

- The home worked in partnership with multiple health and social care agencies. Healthcare professionals were positive about the way the home interacted with them. A visiting healthcare said, "There is no laziness around. The leadership is very good. The manager is hard working. [The unit manager] is unbelievable!"
- The home worked with the Care Homes Assessment Team (CHAT), who visited every one or two weeks.