

Psycare Limited

Eltisley Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Eltisley Manor is registered to provide accommodation and nursing care for up to 33 people who have mental health needs. There were 23 people living at the home at the time of this inspection.

Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilet and shower facilities. There are communal areas, including dining rooms and lounges, for people and their guests to use. Eltisley Manor is located in a rural setting near to the town of St Neots.

This inspection was undertaken on 05 March 2015 and was unannounced. The previous inspection was undertaken on 14 August 2014 and we found the provider was in breach of two of the regulations that we assessed. These were in relation to the care and welfare of people using the service and the management of medicines. We received an action plan from the provider which detailed the actions that they were taking to improve the service. During the inspection on 05 March 2015 we found that improvements had been made.

Summary of findings

A registered manager was not in post at the time of this inspection. The previous manager had left in November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Eltisley Manor provided people with safe care and protected them from the risk of harm. People's medication was managed and administered by competent staff and people were supported to take their medication as prescribed. However, audits of medication stocks were not always accurately completed.

People's individual health and safety risks were assessed and these were well-managed by staff. Satisfactory recruitment and pre-employment checks were completed so that only suitable staff were employed at the home.

People were involved in the planning and the reviewing of their care as much as possible and care was provided in accordance with their preferences and wishes. Staff had received training so that they were able to safely support people with their mental health care needs. People were supported by staff to maintain their dietary and nutritional needs. Regular contact with health care professionals ensured that people's needs were discussed, monitored and reviewed

People did not always have access to areas of the home so that they could be fully independent and improve their life skills. People were supported to access a range of health and social care services to monitor their mental health and physical care needs.

There were respectful and supportive relationships in place between staff and people living in the home and people were treated with respect. People's rights in making decisions and suggestions in relation to their support and care were valued and acted upon by staff. People had limited access to pursue their Individual social hobbies and interests to promote their sense of wellbeing.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that people's rights were being protected. There were two DoLS applications in place at the time of this inspection.

Complaints and concerns made to the registered manager and staff were acted upon to satisfactorily meet people's needs.

Staff felt supported and managed so that they could effectively provide people with support. There were regular meetings in place where people, staff and managers were able to discuss issues and developments in a proactive manner. People and staff told us that there was an open culture within the home and they were able to raise their concerns or issues whenever they wished.

Quality audits and monitoring procedures were in place and there were effective actions to address any improvements that were needed. However, notifications had not always been sent to the Care Quality Commission. Notifications are information about important events that the provider must tell us about by law.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the 2009 Registration Regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

There were sufficient numbers of staff available to provide people with consistent support.

There were systems in place to administer people's medicines in a safe manner. However, audits of medication stocks were not always accurately completed.

Staff were recruited safely with proper checks undertaken before they started working in the home.

Requires Improvement



Is the service effective?

The service was effective.

People were happy with the care and support they received to meet their care, healthcare and nutritional needs.

People had been involved in identifying what their care needs were and how they wished these to be met.

Staff had received training and had an understanding of the Mental Capacity Act 2005. Training regarding the Deprivation of Liberty Safeguards was in progress. Staff received an induction and on-going training and supervision to ensure that they were well trained and supported in their role.

Good



Is the service caring?

The service was caring.

People related well with staff and had the opportunity to discuss their care and support needs with them.

People's care needs were assessed, planned for and monitored.

Staff enjoyed their work and had a good understanding of people's individual needs.

Good



Is the service responsive?

The service was not always responsive.

People were able to raise any concerns and complaints and they were satisfied with responses and actions.

Any changes to care were noted and staff sought support from other professionals or agencies when required.

Requires Improvement



Summary of findings

People's care needs were responded to and well-coordinated. However, people did not always have access to areas of the home so that they could be fully independent and improve their life skills.

Is the service well-led?

The service was not always well-led.

A registered manager was not in post at the time of this inspection. However, the provider had taken steps to recruit and appoint a new manager.

Notifications that the service was required by law had not always been sent to the Care Quality Commission.

People had the opportunity to raise issues and concerns and their views were sought and their feedback acted on where possible. There was an open culture within the home and people and staff were able to raise their concerns or issues whenever they wished.

Requires Improvement



Eltisley Manor

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 home under the Care Act 2014.

This unannounced inspection took place on 05 March 2015 and was carried out by two inspectors and a specialist advisor. A specialist advisor is a person who has professional experience of this type of care service.

Before the inspection we looked at all of the information that we held about the home. This included information

from notifications received by us. Notifications are information about important events that the provider must tell us about by law. We also spoke with a contracts manager, a practice nurse from a local surgery, a local authority commissioner and a safeguarding manager from the local authority.

During the inspection we spoke with six people who lived at Eltisley Manor and a clinical psychologist who was visiting the home. We also spoke with five members of care staff, the manager and deputy manager, one administrator and a housekeeper. We looked at four people's care records and at records in relation to the management of the home such as audits, policies and staff records. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Is the service safe?

Our findings

People told us that they felt safe living at Eltisley Manor because the staff were very supportive. People said that they were given assistance with their daily living needs. One person said, "If you need to speak to staff they are available" Another person said, "I feel absolutely safe here." People told us that they were able to approach staff if they had a problem or felt unhappy about something. People were able to tell us who their key workers were and the manager's names One person said, "We usually have the same staff which I like as I get used to them and they know what I like and dislike."

Staff told us they had been trained to recognise the signs of abuse and they were able to talk confidently about the various forms of abuse and knew to report any concerns to a senior member of staff. However, one staff member said, "I would tell the nurse but also tell the deputy or the manager as the nurses do not always work many shifts and may be too busy to report which could cause a delay." Staff were aware of how to access the home's policy and procedure in relation to safeguarding and whistleblowing. A safeguarding manager from the local authority told us they were positive about the care and support provided and did not raise concerns about the home.

Staff told us they would be confident to blow the whistle on bad practice if they observed it. One member of staff said, "It is my responsibility as a carer to ensure people are looked after correctly."

We saw in records we looked at that staff only commenced working at the home when all the appropriate and required checks had been completed. We spoke to staff about their recruitment and they told us about the processes they had been through to ensure they were suitable to work with vulnerable adults. Recruitment checks included proof of identity, references and a satisfactory Disclosure and Barring Service check. This was confirmed in the personnel records of three care staff and a registered nurse that we saw.. Staff said that when they commenced work in the home they had been mentored by more experienced staff to ensure they were confident and that they understood their role and responsibilities.

Care plans were also complemented by up to date risk assessments to ensure, as much as possible, that the person remained safe and that care and support could be

appropriately delivered by staff. Risk assessments were cross referenced to care and support plans. Staff told us they had received training to de-escalate situations where people presented with behaviours that challenged others in the home.

We observed that there were sufficient numbers of staff on duty to provide people with the care and support they required in an unhurried way. People told us that there was enough staff available when they needed help and support. The manager told us that staffing levels were monitored on an ongoing basis and that additional staff could be made available wherever people's care needs changed. Staff said, "There is always sufficient staff on duty now." They went on to tell us that the home was able to call on a 'bank' of care staff who knew the people well and that when agency staff were used these were regular staff who knew the people well in the home.

Medication was only administered by registered nurses and the manager carried out weekly audits of medication and stock levels. We looked at a sample of the Medication Administration records (MAR) for people living at the home. The MAR charts had been completed correctly and there were no omissions of the staff signatures. Variable doses had been correctly recorded although at times the recording was not clear. However, there were some inconsistencies regarding the recording of the 'as required' (PRN) medication and it was unclear whether it had been given or offered as records had not always been completed.

We saw that the daily audits completed on medication supplied in blister packs at the end of each shift were not all accurate and did not reflect the medication held in the home. We looked at the records for the safe management and storage of medication. We found additional quantities of two medications to those that had been recorded. However, the nurse confirmed that the two medications were no longer required and were waiting to be sent back to the pharmacy. On the first floor we found that medication records had been accurately completed.

When we fed back our findings to the manager she confirmed that she had discovered similar findings during a medication audit carried out that week and was in the process of addressing this with nursing staff. The medication room and fridge temperatures were recorded daily to ensure that medicines were stored at recommended temperatures.

Is the service effective?

Our findings

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, “We are informed about when we need to attend training and it is always made available for us.” Staff told us that they had received good and regular training and support to do their job. This included having an understanding of the mental health support needs that people required. Staff confirmed that they had received induction training and had completed other training since starting their job role.

A member of staff told us about their induction which also included a period of shadowing an experienced carer. They said, “I would not be expected to do something I was not confident with. There is always someone to ask.” All staff told us they received supervision. One member of staff said, “Supervision is a good opportunity to talk about the people I support as their key worker.” Staff also told us that they felt well supported by the various health professionals involved in a person’s care.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. DoLS applications had been sought and authorised to deprive the liberty of two of the people using the service of leaving the home and we saw that they were in date. Due to these restrictions applications had been made to the relevant

local authorities regarding the other people living at the home and the service was awaiting the outcome of these applications. This showed us that staff followed MCA and DoLS guidance to protect people’s liberty.

People were registered with a local GP and they were supported by staff to attend routine health screening appointments. A practice nurse from a local surgery told us that they had regular contact with the home. They said that people’s health care was promptly reported and that contact with the manager was frequent and that any instruction or advice they had given was followed. We saw that people had attended healthcare appointments and that wound care was monitored by the manager who liaised with the local surgery for further advice and treatment to ensure that people received appropriate ongoing care.

People were offered choices regarding meals during each day. One person said, “I am shown the menu every morning and I make a choice of what I want to eat for the day.” People felt they were given a varied choice of food and which they described as, “tasty and nice”. We observed lunchtime on the ground floor. Most of the people chose to eat their meal in the dining room.

We saw that people’s weights were recorded and any changes to their normal weight was acted upon and referrals were made to nutritionists where required.

Is the service caring?

Our findings

People told us that staff were very supportive, caring and helpful and one person said, "I feel happy and secure in Eltisley Manor and find the staff very helpful and caring." One person said that, "The staff wear name badges which helps me if I forget a name or it's difficult to pronounce."

People we spoke with said they would be able to tell staff if they were uncomfortable and in pain. One person we spoke with was given medication for a headache. They said they had told the staff and they promptly brought them the tablets, they felt much better after a short while. We observed staff coming back to check they were feeling better and that their headache had gone.

People said staff always knocked on their door before coming in. One person said, "People are not allowed go into one another's bedrooms which was a good thing and I don't worry about my things being stolen." People said their privacy was respected and having their own ensuite bedroom was important to them. Another person said, "I prefer to stay in my bedroom but the staff regularly come to my room to check if I am alright and ask if I need help with anything."

People told us that they were free to use the communal lounges and were also able to receive guests and visitors if they wished. A member of staff told us that people had access to local advocacy services and were assisted to access them when necessary. One person said, "I find it

difficult to keep in contact with my relatives who live some distance from here, and I am hopeless at writing." The person said, "I tell staff I would like to contact relatives and they help me to make a telephone call and I have a chat with them which makes me feel better."

We observed staff being caring and attentive and assisted people in an unhurried and sensitive way. We observed staff to be helpful when talking with people to ensure that needs and requests were understood and dealt with. Care and support plans were detailed and gave information regarding people's assessed needs, and support requirements. Information in the plans included people's life histories, personal preferences, healthcare and mental health support needs. Members of staff said that they were involved in the reviewing and compilation of care and support plans and were knowledgeable about people living in the home. People told us that they had been involved in reviews of their care plan and we saw that they had signed them, where possible, to agree the care and support being provided.

Staff told us that they encouraged people to be independent as far as possible. Examples included assisting people with their catering, laundry, going to local shops and attending appointments with their GP where necessary. Care notes viewed reflected what had occurred during the person's day and included any appointments with healthcare professionals and any trips out in the local community.

Is the service responsive?

Our findings

We saw from records that people were involved in the assessment and support planning process, and in the on-going reviews relating to their care. People told us that they met with their keyworker and healthcare professionals to discuss and make changes to their care and support plans. Care notes viewed reflected that people's needs and preferences might change day to day and that staff were flexible in offering choices and supporting people with their chosen task/activity. People said they had been involved in reviews of their care and support plans and people were able to make suggestions or comments about their care where possible.

We observed that for most of the day that people were not involved in many organised activities and that staff were not seeking opportunities to engage people in conversation. Some people told us that they would like more activities in the home and were sometimes bored. However, we did see that two people had been assisted in going to local hairdressers by a member of staff. The manager told us that an activities co-ordinator had been recruited and was soon due to start. We spoke to a member of staff who said that they took people to appointments and to a local supermarket. People told us they went shopping and bought provisions and personal toiletries at the nearby supermarket and local shops. One person said that, "If I want to go to the shops and the driver is not available staff would arrange a taxi for me to go." Another person told us that, "There is a personal trainer that comes twice a week and has asked me if would like to start using the gym equipment and I will when the weather is warmer"

Staff told us that they encouraged people to be independent as far as possible and we saw that people had the opportunity to personalise their bedrooms to meet their interests and preferences.

We were shown a kitchenette on the first floor which staff said was available to people to make snacks and drinks. However, there were no provisions stored in this kitchen and the door of a store cupboard was locked. This did not promote people's independence and the kitchenette was locked overnight. We saw that people also did not have access to an area for them to be involved in doing their own laundry and to be more independent and develop their life skills.

Staff told us that when they reviewed the care plans and they encouraged people to be involved as much as possible and to raise any worries or concerns they may have. A member of staff said, "If someone is unhappy about anything I will help them to make a complaint." Those people who wished to had been registered to vote.

People we spoke with told us that there were community meetings held in the home where they could raise any issues or concerns. One person said, "I go every week and join in the discussions and make suggestions". We saw a sample of minutes from recent meetings.

The home had a complaints procedure in place which was made available to people living at the home. People told us that they knew who they would speak with if they had been unhappy and wanted to raise a concern or complaint. One person said, "I would speak with the staff. They always listen to me and take me seriously and I feel that I can talk to them." Another person told us that, "I would speak to any of the staff, but I have no complaints." We saw the complaints policy and complaint log and the manager told us that all complaints were acknowledged within agreed timescales and resolved to the person's satisfaction as much as possible. We saw a sample of a previous complaint, with accompanying correspondence, indicating that the person's complaint had been satisfactorily resolved. There were no complaints currently being investigated.

Is the service well-led?

Our findings

A registered manager was not in post at the time of this inspection. However, there were management arrangements in place to ensure the day to day management of the home and a new manager had been appointed who was in the process of applying to become registered with the Care Quality Commission.

People living at the home, health care professionals and staff members told us that the manager was accessible and approachable. People told us that they attended the 'residents' meetings and where they had been able to discuss issues, news, menus and any forthcoming events. Attendance at these meetings was not compulsory, but people were encouraged to attend so that they could be well informed and involved in the running of the home and have an opportunity to discuss any concerns or issues. We saw that minutes of residents' meetings were kept to record any views or issues that had been discussed. Staff confirmed that they received regular supervision and told us that they were well supported by their manager, senior staff and their staff colleagues. One member of staff told us, "I feel well supported and can always speak to the managers at any time whenever I need to".

We did have some concerns about the staff culture during this inspection. During the mealtime we saw that people queued at a serving hatch for their meal while staff stood around the room observing. At the hatch the cook gave them the choice of meal that they had requested including putting on the gravy and adding salt to their meal rather than having salt and pepper available on dining tables. We also noted that some of the staff referred to people in the home as patients, and that at times there was little interaction between staff and people living in the home. On another occasion we noted that the staff were standing and observing people in order to keep them safe and did not always seek opportunities to engage with them. This was particularly noticeable in the ground floor dining area.

The management team and staff carried out regular audits of the home. Health and safety checks were in place

including fire risk assessments, fire alarm tests, water temperature testing, food temperature testing and fridge/freezers daily tests. There were contracts for the servicing of equipment in the home to ensure peoples' safety. Cleaning schedules were in place to promote and protect people from the risk of infection. An operational manager visited the home and carried out audits and we saw examples of these and they included staffing issues, care and infection control audits.

Feedback from a local authority contracts manager was positive. They told us that no complaints or issues had been raised and that they had received positive feedback from people living at the home. A commissioner from the local authority told us that feedback received from people living in the home had been positive.

Annual quality assurance surveys had been sent out to people living at the home to ask how improvements could be made. The results of surveys were analysed by the organisation and a report was collated to identify areas for improvement such as. We saw a copy of a report compiled in October 2014 which showed that people were satisfied with the care and support that they received at the home. The provider had also compiled a report analysing comments from local authorities who commissioned care and the results and feedback were positive.

People's care and support plans had also been reviewed and monitored, during the management visits carried out by a representative of the registered provider. This was to ensure they were up to date and consistent. This showed us that the provider reviewed and considered the quality of care they provided.

However, we noted that notifications had not always been sent to the Care Quality Commission. Notifications are information about important events that the provider must tell us about by law. We saw that two incidents that had resulted in people needing hospital treatment had not been reported.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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
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	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents
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	The registered person failed to report important incidents that affected the welfare, health and safety of people who used the service without delay.
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