Mr Kevin Driscoll & Mrs Joanne Driscoll

Elderthorpe Residential Home

Inspection report

230-232 Bradford Road
Shipley
West Yorkshire
BD18 3AN

Tel: 01274583375

Date of inspection visit:
09 April 2019

Date of publication:
09 May 2019

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: Elderthorpe is a residential care home that was providing personal and nursing care to 26 people aged 65 and over at the time of the inspection.

People's experience of using this service:
Staff were caring and knew people well. People and relatives complimented the service and said they would recommend the home. There was a culture within the service of treating people with dignity, respect and compassion.

A range of meaningful activities were on offer to keep people occupied, according to their interests.

Medicines were being administered safely and people's dietary and healthcare needs were met. Infection control procedures were being followed. The service was clean and tidy, and the registered manager acted to resolve concerns raised about malodour detected in a small area of the lounge and lobby.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role. Staff were supported by the registered manager and were receiving group and formal supervisions where they could discuss their on-going development needs.

Care plans were up to date and most accurately detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was approachable and keen to keep high standards within the service. Audits and checks were carried out and used to drive continuous improvements to the service people received. We identified some additional areas which needed to be included in safety and environmental checks.

People's feedback was used to make changes to the service.

At this inspection, the service continued to meet the characteristics of Good in the Caring, Responsive and Well-Led domains, had improved to Good in the Effective domain and was rated Requires Improvement in the Safe domain. This means the service is rated Good overall. More information is in the full report.

Rating at last inspection: The service was rated as Good at our last inspection, published on 14 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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's rating dropped to Requires Improvement Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service had improved to Good Details are in our Effective findings below.	**Good**
Is the service caring? The service remained Good Details are in our Caring findings below.	**Good**
Is the service responsive? The service remained Good Details are in our Responsive findings below.	**Good**
Is the service well-led? The service remained Good Details are in our Well-Led findings below.	**Good**

Elderthorpe Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector and an assistant adult social care inspector.

Service and service type:
Elderthorpe Residential Home is a service providing nursing or personal care to older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We requested feedback about the

service from the local authority safeguarding and commissioning teams.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of our inspection planning.

During the inspection, we spoke with five people who use the service and four relatives. We spoke with the provider, the registered manager, the trainee manager, the deputy manager, the cook and two care staff. We reviewed two people's care records, two staff member's personnel files and other records relating to the management of the service. We looked around the building and undertook observations in communal areas and during lunchtime.

The provider and registered manager sent us additional information after our inspection which we reviewed and took into consideration when forming our judgements.

Requires Improvement

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; learning lessons when things go wrong
● Risks to people's safety were assessed and plans put in place to mitigate these risks. For example, one person who was a wheelchair user had a 'smoking apron' of a non-flammable material to protect them when they had a cigarette.
● Regular safety checks took place in most areas to help ensure the premises and equipment were safe. However, we saw there were no regular safety checks on window restrictors being completed. The provider agreed to incorporate these into future environmental safety checks and did so immediately.
● Although internal checks had been made, the provider agreed they needed to have the call bell system and emergency lighting regularly serviced by a certified professional. We saw these were booked during our inspection.
● Accidents and incidents were monitored, reviewed and included lessons learned as a result of the incident.
● Personal emergency evacuation plans were in place. However, these needed further information about people's needs in the case of emergency evacuation. These additions were completed immediately and sent to us after the inspection.

Preventing and controlling infection
● The service was very clean and tidy, and most areas were odour free. However, we noted a strong odour in part of the lounge and lobby area of the building. The registered manager took immediate steps to investigate and assured us this would be addressed. A lounge chair was removed from the area and this largely remedied the situation.
● Plans were in place to replace the lounge carpet and dining room floor covering.
● A recent independent infection control audit rated the service as 99.4% compliant.
● Aprons, gloves and hand sanitisers were located throughout the building and staff wore these appropriately. Staff had received training in infection control.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe at the service. One person commented, "I love it here. I am safe. Before, I was in a bungalow and I kept falling, but not here."
● Staff had received safeguarding training and knew how to recognise and protect people from the risk of abuse.
● The provider had reported safeguarding incidents to safeguarding when it was identified.

Staffing and recruitment
● Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
● The service was well staffed, and most staff had worked at the service for several years. This meant staff could provide a person-centred approach to care delivery.
● Staff responded promptly when people required assistance. One person commented, "Staff answer the call bell within a few minutes. I've never had to wait ages."

Using medicines safely
● Medicines systems were organised and people were receiving their medicines when they should.
● The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Good

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

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; 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff were trained and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. The registered manager understood their legal responsibilities under the Act.
- The service was working within the principles of the MCA. Where conditions were imposed, these were being met.
- People's needs were assessed to ensure the service could provide appropriate care and support.
- Our observations and review of records showed people were offered choices in their daily lives.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training.
- Staff were given opportunities to review their individual work and development needs.
- Regular group supervisions were held on a number of topics to help staff skills. For example, staff used sensory equipment to show them how it felt completing day to day tasks with a limited range of senses such as impaired sight or hearing.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

● People's nutritional needs were met, and weights regularly monitored. We tried a sample of the food which was tasty.

● People assessed at nutritional risk were referred to the GP or speech and language therapy (SALT) team and food/fluid charts put in place. These were generally well completed. However, fluid charts needed to be totalled at the end of each day to ensure people were receiving the indicated target fluid amounts.

● People told us the food was good. The cook listened to people's comments about the food and took this into consideration when planning seasonal menus. One person told us at lunchtime, "The food was lovely. If you want more, you can have it. No problem with food - we get plenty."

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

● Staff worked with a number of agencies and healthcare professionals to provide effective care and support.

● People's health care needs were supported. Records showed people had been seen by a range of healthcare professionals including GPs, district nurses, chiropodists and opticians.

● The local nurse practitioner visited ever three to four weeks, for which staff prepared a monthly 'coding' sheet, documenting where people required their attention. This helped prevent unnecessary hospital admissions.

● The service audited any hospital admissions to check if the admission was required. This also helped prevent unnecessary hospital admissions.

● A healthcare professional we spoke with praised the service and told us staff listened to and followed their advice.

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

● People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations of the environment.

● Dementia friendly adaptions such as memory boxes outside people's rooms and clear signage were in place. Some people's rooms contained reminders such as, '(Person's name) likes to have her fluffy socks on at night. Keep them under her pillow during the day.' We saw these instructions were adhered to.

● People's room were attractively furnished, and they were encouraged to bring personal possessions such as ornaments, pictures and photos to make these personal to them.

● The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 looked comfortable and relaxed in the presence of staff and staff appeared genuinely caring towards people. People and relatives were unanimous in their praise for the staff and the care and support provided by service.

● One person told us about when they first arrived at the service. They said, "I was greeted with embraces. They are kind." Another person commented, "Lovely here - the staff are nice, the residents are nice, and the food is nice - what more do you want?"

● A relative commented, "I can't praise it enough. They're doing more than I could do. If you said there was a gold award, they'd deserve more…They're kindness itself. Busy, but not too busy… It's like home from home." Another relative said, "You cannot fault the care…I've never seen my (relative) so happy in years."

● We saw, and people told us staff knew them well, including their likes and dislikes. Most staff had worked at the service for a number of years, providing continuity of care and support. We saw good relationships had been built up between people and staff.

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

● Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them.

● People were encouraged to express their views through meetings and every day interactions with staff. The registered manager told us, "(Staff) treat people how you want to be treated."

Respecting and promoting people's privacy, dignity and independence

● Staff treated people with dignity and respect. For example, we saw staff assisting someone by gently hoisting them out of their chair, explaining what was happening at each stage of the process and ensuring their legs were covered to keep their dignity.

● We saw staff knocked on people's doors and waited to be given permission to enter people's rooms.

● People were encouraged to maintain their independence as much as possible. For example, plate guards were used so people could eat their lunch independently and walking aids were in place to assist people to remain as independently mobile as possible. One person had a laminated card outside their bathroom

which read, 'I have my own teeth and I am quite happy brushing them by myself. I may be needed to be reminded by staff on a morning and a night to do them.'

● People were encouraged to maintain links with the outside community, such as going to their local church, attending coffee mornings and going out with friends. Visitors were warmly welcomed and offered a hot drink.

Good

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People's likes, dislikes and what was important to the person were recorded in person centred care plans which were regularly reviewed. Any changes to people's care and support was documented and information communicated to staff during handover.
● Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
● However, one person's care plan we reviewed contained contradictory information about their manual handling risk assessment and mobility care plan. We pointed this out to the registered manager who immediately rectified this.
● The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.
● People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, we saw specific guidance was contained in some people's rooms, such as, 'I have sensory impairments. I am registered blind. I can only see peripheral vision. I like well-lit rooms but not too bright. I am also very hard of hearing so please speak closely and clearly into my left ear.'
● Communication about people's needs and any changes in their care and support was shared appropriately with staff though daily handover, ongoing daily communication and regular team meetings.
● A good range of well-planned and thought-out activities were arranged to suit people's various needs and interests. We saw these were well received and complimented by people and relatives.

Improving care quality in response to complaints or concerns
● Complaints were taken seriously, investigated and action taken as a result. People told us they knew how to complain but had not needed to do so. Where concerns had been raised, these had been resolved to the person's satisfaction.
● We saw many compliments had been received about the quality of care and support. These included, 'I cannot speak highly enough of Elderthorpe and feel so lucky that we found such an excellent place for my (relative)' and 'The care and attention given to (relative) was second to none. Nothing was too much trouble for staff and management.'

End of life care and support

● People's wishes about their end of life support were supported and documented within care records. DNACPR ('do not attempt CPR') records were in people's care plans.

● The service had achieved the Gold Standards Framework and been awarded a 'commend' for their work in end of life care. The registered manager told us they were now working towards re-accreditation in this area during the next year.

● We saw staff had gone personally to a relative's home to deliver the news of a person's death rather than have the police call, since they knew how upset the person would be.

● The service worked closely with relatives when people were at the end of life and analysed their approach to end of life care. This included what staff had done well and anything that could have been done differently, to ensure people received the best possible care during their final days.

● A large number of compliments had been received by the service about the end of life care. This included, 'Thank you for looking after (person's name) and supporting me so well.' A feedback questionnaire completed by a relative after a person's passing stated, 'All staff have been excellent… when in Shipley will always call round to see staff, feel they are friends more than working at Elderthorpe.'

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. They were also supported by a deputy manager and a trainee manager.
- The provider worked at the service on a daily basis to provide support to the management team.
- People, relatives and staff told us they felt supported and able to approach managers with any concerns. Everyone we spoke with told us the service was well run and they would recommend it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Clear lines of responsibility were in place.
- Quality assurance systems were in place to monitor the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make required improvements.
- The registered manager had sent statutory notifications to the Commission as required.

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

- Regular staff and service user meetings were held, and actions taken where required. These were reviewed at the next meeting to make sure people were satisfied with steps taken.
- People told us they felt their views and opinions were listened to. Regular surveys were sent out to people, families and healthcare professionals. The majority of answers were very positive, and we saw actions were taken where required.
- The provider rewarded staff for good practice. For example, they organised an aromatherapy session to thank staff for their commitment and care shown to people during a flu outbreak during the previous winter.

Continuous learning and improving care

● The management team was keen to foster an ethos of continuous learning and development to facilitate optimum care for the people who lived at Elderthorpe Residential Home.

● The registered manager had liaised with the local authority DoLS team for staff training on MCA/DoLS. They told us, "The training was really good for staff to have confidence and raise questions - discuss what we're faced with on a daily basis."

Working in partnership with others

● The management team had fostered good links with outside agencies to share best practice. This included the local authority, health professionals and other providers.

● The registered manager and/or trainee manager attended local authority provider meetings and provider forums to keep up to date with best practice and developments within the area.

● The management team took part in university and pharmacy led research about care homes. This included topics such as falls prevention, isolation and loneliness for people with sight loss, and optimum medicines usage.