Bondcare (Ambassador) Limited

Elton Hall Care Home

Inspection report

Elton Village
Stockton On Tees
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Date of inspection visit: 7 and 9 April 2015
Date of publication: 25/06/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this unannounced inspection on the 7 and 9 April 2015. We last inspected this service in April 2014. On the first day of inspection the registered manager was on annual leave.

Elton Hall provides care and accommodation for up to 70 older people, some people living with dementia and others with mental health needs. Accommodation is provided over two floors and includes communal lounges and dining areas. Bedrooms are single occupancy and have en suite facilities which consist of a toilet and wash hand basin. At the time of our inspection occupancy was 32

The home had a registered manager in place and they have been in post as manager since May 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. However, we

Summary of findings

saw only 15 out of 48 staff had received training in safeguarding. Staff said they would be confident to whistle blow [raise concerns about the home, staff practices or provider] if the need ever arose.

People living at the service said they felt safe within the home and with the staff who cared for them. Relatives of people who used the service also indicated that their family member was safe.

We found that medicines were stored and administered appropriately. We were told that one person received their medicines covertly, however we were unable to see a Mental Capacity Assessment [MCA] and best interests meeting records. The registered manager said this person no longer received covert medicines, this information needs to be passed onto all staff so they are aware.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Not all staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected. At the time of our visit five people were subject to a DoLS authorisation.

Three peoples care files we looked at showed staff did not understand what a best interest decision was and how to implement one. We found staff were preventing one person from leaving the building alone because of sensory impairment. We could see no evidence of consent to this and without their informed consent staff were restricting this persons access to the community.

There were gaps on the training chart for mandatory training such as food hygiene and infection control and only 15 out of 48 staff had received training in safeguarding. The registered manager said they are arranging training sessions to cover these gaps. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

Staff were observed to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind. However, improvements could be made to the level of interaction between staff and people who used the service while care was being provided. We observed staff hand out food without plates, therefore people had to balance the food on the arm of their chair which is not very hygienic.

The service employed an activities coordinator who was on annual leave on the first day of our inspection. We found that not all people who used the service had access to opportunities for social stimulation or activities that met their individual needs and wishes. It was a large building with people spread out that the activity coordinator struggled to occupy everyone. Staff downstairs did not interact much with people at all. Upstairs staff sat with people and we could see lots of conversations taking place.

People's care records confirmed that an assessment of their needs had been undertaken, thereafter care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care is provided to all people. The care plans were found to be detailed outlining the persons 'needs/risk', the 'aims/ objectives' and the 'care and intervention.' However it was difficult to gain a clear overview of people's needs and the support they required. We found it a complex care file system, with lots of information [numerous care plans] and difficult to navigate which meant that people's needs may be missed or overlooked.

Accidents and incidents were monitored each month to see if any trends were identified.

We found people were cared for by sufficient numbers of suitably qualified and experienced staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. However, there were some gaps in peoples employment history, for example one person's application stated the month they started working at a previous employment but no year was documented and nothing to say where they had worked at previously to this. We discussed this with the registered manager who was going to update the records. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service [DBS] check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with

Summary of findings

children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available. There were some issues with staff wearing nail varnish and false nails. We discussed this with the registered manager.

We observed a lunchtime meal upstairs on the dementia unit. We found the food was well presented, well cooked and plentiful. People were asked if they wanted more.

Staff were supported by their manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made if and when required. The service had a system in place for the management of complaints. The registered manager reviewed processes and practices to ensure people received a high quality service.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks. Maintenance staff completed monthly health and safety audits but did not always act upon them.

We asked to see an environmental risk assessment for the staircase. The service has a large staircase that goes up and round to the first and second floors. Once on the second floor there was a sheer drop that could be considered dangerous. People on the mental health unit had free access to this staircase. No one had considered this an issue in the past. **We recommended that the registered manager refers this to health and safety for advice.**

We found there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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?

Requires Improvement

The service required improvements to be safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the

registered manager.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments for the environment mainly the staircase needed implementing. Health and Safety audits highlighted risks that had continued for two years.

Medicines were stored securely and administered appropriately.

Staffing levels were appropriate. Recruitment procedures were in place but the required information relating to staffs employment history had not always been obtained.

Is the service effective?

Requires Improvement

The service requires improvement to be effective.

Although staff had the knowledge and skills to support people who used the service there were gaps in mandatory training and very few staff received specialist training.

People were supported to have their nutritional needs met.

Staff did not have a full understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities. Staff could not explain the fundamental principles of the MCA and DoLS when asked and care records did not demonstrate that the MCA was being implemented correctly.

Is the service caring?

Requires Improvement

The service requires improvements to be caring.

Staff were generally caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind. However, improvements could be made to the level of interaction between staff and people who used the service while care was being provided.

People's privacy and dignity was not respected by all staff.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Is the service responsive?

Requires Improvement

The service requires improvements to be responsive.

Summary of findings

People's needs were assessed and their care planned, but the care records were complex and difficult to navigate.

Not all people had access to opportunities for social stimulation or activities that met their individual needs and wishes.

A complaints process was in place.

Is the service well-led?

The service requires improvements to be well –led

Staff said they were supported by their registered manager and felt they were open and honest.

People were encouraged and supported to provide feedback on the service. We saw that meetings were held with people who used the service and their views were sought.

The registered provider had processes in place to review incidents and accidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

Audits took place but action plans were not always in place or not adhered to. Certain staff ignored management requests.

Requires Improvement

Elton Hall Care Home

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7 and 9 April 2015 and the first day was unannounced.

The inspection team consisted of one adult social care inspector, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism in the service being inspected such as a nurse and an expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people living with dementia.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The registered provider was asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 10 people who used the service, the registered manager, the area manager, two deputy managers, eight care workers, the activity coordinator and the kitchen assistant. We also spoke with three relatives of a people who used the service and a healthcare professional [community staff nurse]. We undertook general observations and reviewed relevant records. These included four people's care records, five staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Requires Improvement

Is the service safe?

Our findings

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks. Maintenance staff completed monthly health and safety audits and since March 2013 had noted that extensive work to paths was needed and it was unsafe for people to go outside unaccompanied. Work to improve the safety of these paths had not been completed and these had been unusable for the last two years. We were told the registered provider had tried to fix the paths but they had sunk, they were now waiting for good weather to tarmac them. This was not documented. A recent health and safety audit stated, "Some of the pathways and car park areas are becoming very uneven. Especially the path from the main building to the summer house which the service users are presently using as a smoking room. There has been a recent fall in this area."

We saw in the upstairs television room on the mental health unit we saw the wires from the television stretched across to the plug at knee height, this could be a risk to someone if they wanted to look out of the window and forgot these wires were there. This had not been recognised in the health and safety audit. We showed both the area manager and the registered manager who agreed to move the television to a safer place.

We asked to see an environmental risk assessment for the staircase. The service has a large staircase that goes up and round to the first and second floors. Once on the second floor there was a sheer drop that could be considered dangerous. People on the mental health unit had free access to this staircase. No one had considered this an issue in the past. We contacted Health and Safety regarding this, they said they had "My last inspection was carried out there on 20/01/2015 which clearly states that the main stairwell has no access controls in place." The Health and safety audit states, "The main stairwell is an open, grand stairwell. Risk assessments for areas where stairwells are open are in place, these require regular review." We asked to see these risk assessments on the day of inspection and they said they had none. We were told on the 15/05/2015 that they had put a risk assessment in place the day before. We have asked the registered manager to send this to CQC.

This was breach of Regulations 15 (1) (e) (Premises and equipment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people who used the service with whom we spoke with said they felt, safe within the home and with the staff who supported and cared for them. One person said, "Yes, I am alright. I feel safe with everybody; they have been very kind to me. Yes I am well cared for." Another person said "Yes, I am pleased I am in here. When, through the night and I am awake, I know there is one of the girls who will come to help me. I get well looked after."

Relatives we spoke with said, "Yes, I do think my wife is safe both day and night. I come in every day to see her, no problems at all." Another said, ""If she wasn't safe, in my opinion, I would have her out of here."

Staff we spoke with said, "Yes everyone is safe here, everyone is looked after, it is someone's gran or grandad."

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. The registered provider provided a safe and secure environment to people who used the service and staff. Staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager and also knew that they could contact CQC or the Local Authority if they felt that appropriate action had not been taken. One staff member said, "If I thought that abuse was going on, I would go out of my way to report it." Another staff member said, "I would report it if I saw anyone being wrongly treated, it is not on, you are in the wrong job if that is what you do."

We found that risk assessments were in place, as identified through the assessment and care planning process; and they were regularly reviewed and evaluated, which meant that risks were identified and minimised to keep people safe. These covered the key risks specific to the person, such as falls, moving and handling, nutrition, Malnutrition Universal Screening Tool [MUST] and pressure areas.

Requires Improvement

Is the service safe?

We also saw general risk assessments which included catering, administration, housekeeping, maintenance and care delivery.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One of the PEEPs we looked at had crossing out which made it confusing to see what equipment was needed for this person to evacuate. **We recommended that if circumstances change, the PEEP should be reviewed and updated accordingly.**

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents did not identify any trends.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. We looked at the recruitment records for five members of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. However, in one staff members file there were some gaps in employment history, for example the person's application stated the month they started working at a previous employment but no year was documented and nothing to say where they had worked at previously to this. We discussed this with the registered manager who was going to update the records. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

We checked the management of medicines and saw people received their medication at the time they needed them. We observed a medicines round on the ground and the first floor. We saw photographs were attached to people's medicines administration records (MAR), so staff were able to identify the person before they administered their medicines. We found staff checked people's medication on the MAR chart and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

MAR charts showed that on the day of the inspection staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. The staff member showed us the daily MAR chart audit, which was used to identify any 'gaps' in entries.

We checked the medicines for 3 people and found the number of medicines tallied with the number recorded on the MAR. Staff showed us the systems in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. The deputy explained they had problems with their supplying pharmacy for example they did not removed discontinued items off the MAR which could cause confusion. The deputy said they were changing provider.

We saw that there was written guidance for the use of "when required" medicines (PRN), and when these should be administered to people who needed them, such as for pain relief. **We recommended that the plans lacked detail and should included when the medication should be given such as signs when a person was in pain, how to be administered, the effect expected, together with the maximum dose and when they should refer back to GP.**

We saw all medicines were appropriately stored and secured within the medicines trolley or in the treatment room. The treatment room temperature was recorded daily. Medicines requiring cool storage were kept in a fridge which was locked; with dates of opening seen on eye drops, which were within a shelf life of 4 weeks. We saw that temperatures relating to refrigeration had been recorded daily and were between the recommended 2 and 8 degrees centigrade.

Medicines training was up to date and we saw evidence of six monthly competency checks. The staff also did competency checks on applying creams.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available. We spoke with one member of staff who was the infection

Requires Improvement

Is the service safe?

control lead and they explained the training they had received and the meetings they attended. There were some issues with staff wearing nail varnish and false nails. We discussed this with the registered manager.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Not all staff we spoke with had a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity to make decisions were respected. At the time of our visit five people were subject to a DoLS authorisation.

Three peoples care files we looked at showed best interest decisions however, we did not see a Mental Capacity Assessment, to assess the person's capacity to make particular decisions nor a record of a Best Interest Decisions meeting or Deprivation of Liberty Safeguards. We found staff were preventing one person from leaving the building alone because of sensory impairment. This person did not have any mental disorder and was described in records as a very capable individual who could make decisions. We could see no evidence of consent to this and without their informed consent staff were restricting this persons access to the community.

We discussed this with the area manager and registered manager. They said staff had not understood what a best interest decision was and would update the care files immediately, obtain consent from the person and arrange refresher training.

In one care file we saw a handwritten note detailing a relative as having lasting power of attorney, however there was no official documentary evidence. Furthermore, we did not see evidence to show a mental capacity assessment, to assess the person's current capacity to make particular decisions nor a record of a Best Interest Decisions meeting taking place. We discussed this with the registered manager who was not aware of this but said they would look into it.

This was in breach of regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, "They (staff) do what help is needed, they help me into my wheelchair." Another said, "Yes they know what they are doing they lift me in that hoist thing, I did not like it at first but I am getting used to it."

Staff we spoke with said, "There is always training on, I have just done health and safety, nutrition and diabetes." And "I would like to do end of life training." Another staff member said, "I have just had mental health training, this has helped me to understand and emphasise with them [people who used the service]."

There were gaps on the training chart for mandatory training. The registered manager said "I am trying to arrange training for safeguarding, infection control, COSHH, health & safety so that should mop up the remaining of the mandatory training requirements." Very few staff had received specialist training for example only 12 staff members had received training in dementia, three staff had received end of life care training and 18 in behaviour that challenges, 15 out of 48 staff had received training in safeguarding.

One relatively new member of staff we spoke with said, "I could not of chosen a better home to be trained."

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. The registered manager explained that they were planning to update the supervision and appraisal process and get staff to provide evidence to match the key lines of enquiry. For example staff would need to evidence how they kept people safe.

We saw evidence of consent in the care files, such as consent to share information and consent to having photographs taken.

We observed a lunchtime meal upstairs on the dementia unit. We found the food was well presented, well cooked and plentiful. We observed people being helped where needed, for example one person had their meat cut up into more manageable pieces. People were able to feed themselves. Staff ensured, on a number of occasions that people were able to manage their meal. We observed staff helping people to reposition their wheelchairs thus enabling them to have a more comfortable access to their meal. Staff at all times spoke to people in a caring manner and people were supported at their pace. People were asked if they wanted more.

Requires Improvement

Is the service effective?

The service had three dining rooms but none had menus on display. Staff explained that they go around with a menu each morning to ask people what they wanted to eat that day. People were provided with choice and were very complimentary about the food with comments such as, “The food is lovely.” And “That was gorgeous.”

We also observed there was a choice of drinks to have with meals and hot and cold drinks were available freely throughout the day and fresh fruit and biscuits offered.

We spoke with kitchen staff who showed us where they kept information on peoples diets, likes and dislikes.

We spent time looking around the premises and we saw there were also dementia friendly adaptations to the dementia unit upstairs with different coloured doors and different coloured toilet seats. Deliberate use of colours can help people living with dementia significantly. For example, a red plate on a white tablecloth is more easily visible than a white plate, and toilet seats are easier to see if they contrast with the colour of the toilet bowl and walls. The service had red toilet seats and a white toilet bowl as a contrast.

Requires Improvement

Is the service caring?

Our findings

We spoke with people who used the service they said, "I have always been treated kindly. The girls are really good, you only have to ask them for something and they do it straight away." Another person said, "Always kind and yes respect. I would tell my son if I was not treated properly, but I am."

Relatives we spoke with said, "I visit my wife every day. I have always been made welcome by everybody; I have never been restricted at all." Another relative said, "I visit as often as I can. I have never faced a problem ever. I have always felt welcome and been offered drinks whilst I have been here."

Staff we spoke with said, "I love working here it is so rewarding, we are like one big family unit." Another said, "We don't have a lot of residents at the moment. We can give more time to them."

The healthcare professional we spoke with said, "it's a bit dated, it's quite a nice home, get a good feel from the staff, the staff do show they care, they take on board what we say and things are followed up"

We observed the care between staff and people who used the service on both the ground floor and the first floor. People on the first floor were treated with kindness and compassion. Staff were attentive and interacted well with people. Staff were aware of people's likes and dislikes and knew people well. Always checking people were okay. On the ground floor, people were just left on their own, many sleeping. One member of staff came into the lounge and looked at people and walked away with know interaction at all. One person who used the service is blind, a staff member brought this person into the lounge, they were both talking to each other, the staff member then walked away without any explanation. Due to the person being blind they did not know the staff member had gone and carried on the conversation until they realised no one was answering their questions. We passed on these observations to the registered manager.

We looked to see if people were provided with appropriate information on advocacy. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. There was no information on display. We highlighted this to the registered manager who said she would obtain the relevant information.

We observed a staff member asking to apply a cream to a person who used the services elbow, whilst they were eating their lunch, the person refused saying "After my lunch, later on."

We observed a morning drinks round. People were offered fruit and biscuits. We observed that plates were not provided and food had to be balanced on the arm of the chair or a table next to them. We highlighted this to the registered manager.

We saw that information about maintaining dignity in care was displayed. This showed that the registered manager and staff were working to raise awareness and ensure that people's dignity was respected.

We asked staff how they promote privacy and dignity. Staff explained they always knock on doors before entering. One staff member said, "I talk through what I am doing such as I am taking your jumper off and why I am doing it."

We asked staff how they promoted peoples independence, they said, "I get them to do as much as they can or want to do for themselves." Another staff member said, "They can do want they want, go to bed when they want, get up when they want."

People who used the service said, "I can come and go as I please."

We asked people if they felt their health needs were being met and was the GP involved if they felt unwell. People said, "Yes, my GP will come here if I need him. I have not had a need to see him for a few months." Another said, "Yes, I have a nurse who comes and sees to my legs, she does a dressing and also changes it." And another said, "The staff will get any help you need. They give me my pills every day, I would forget them, but they always remember."

People could have a key to their room if they wanted and we observed a few people who did lock their rooms.

We saw people had their end of life wishes and preferences documented and these were very detailed.

Requires Improvement

Is the service responsive?

Our findings

We looked at care plans for four people who used the service. People's care records confirmed that an assessment of their needs had been undertaken, thereafter care plans were developed detailing the care needs/ support, actions and responsibilities, to ensure personalised care is provided to all people. The care plans were found to be detailed outlining the persons 'needs and risk', the 'aims and objectives' and the 'care and intervention.' However, it was difficult to gain a clear overview of people's needs and the support they required. We found it a complex care file system, with lots of information, numerous care plans, one person had 21care plans and these were difficult to navigate which meant that people's needs may be missed or overlooked.

Information on contact with external healthcare professionals was documented in the care plans. The registered manager said they were looking at ways to improve this as district nurses do not complete records themselves in house and often do not tell anyone what they have done. They also said if no one is around to see them, they can come and go without anyone realising they have been in the service.

Daily records were kept separately for approximately a week then added into the care files. One file had daily records going back to February 2014. We discussed archiving with the registered manager. Due to the amount of daily records it took a while to find relevant information.

The care records we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The care records contained information stating for example significant people and events in their life, family pets, and personal preferences such as one person liked their curtains open at all times and their window open a little. There was also information called "this is my life." One staff member commented on how helpful this is to them to enable them to have knowledgeable conversations.

We discussed the care plans with the people who used the service and their relatives, the relatives said, "Yes, they asked me along. I found out what her needs were and how they were going to help her. I think they do all they can." Another relative said "I was involved when she first came in. They do listen and they explain. I think it is a good idea, I am kept up to date on what is going on."

On our first day of inspection the activity coordinator was on a day off. We saw that people were sat around on their own with no stimulation or interaction. It was a warm sunny day and they had the doors to the garden open. We asked if people were going to sit outside to enjoy the sunshine. Staff said that when they ask they usually say no. Five minutes later everyone was going outside. We asked people, relatives and staff if they were happy with the activities on offer and received a mixed response.

People who used the service said, "I like reading but I need larger print now because my eyesight is not what it used to be. I would rather read than anything else." Another person said, "I don't care too much about leaving my room I like to watch my television, I have my meals in here, and I am content as I am." And another person said "We go into another room and paint. At Christmas we did cards and we did Easter Eggs, we can watch box things [videos]."

Relatives we spoke with said, "My relative gets no exercise, they used to walk a mile a day before they came in here [Elton Hall] now they have deteriorated, they do not leave this home, it was a sunny weekend and they were not offered to go out." And "I have had to set up voting for my relative, I don't think anyone here is registered to vote." We checked if people had been registered to vote and the registered manager said that this was all set up for them. One person who used the service had someone who came in weekly to update them on the football scores and at the time of our inspection was also providing them with information on the general election.

Staff we spoke with about activities said, "There are not enough activities, people say they are bored and ask if we can take them out somewhere but we have no time." Another staff member said, "There are not enough activities on offer, there is nothing for them to do, they complain they are bored, I sometimes play dominoes with them but I don't know where they are now, they need more to do." And another staff member said, "They [the people who used the service] are bored out of their heads." Every staff member we spoke with said if they could improve one thing it would be activities.

Requires Improvement

Is the service responsive?

The visiting healthcare professional said, "It is very quiet, I have not seen singers, but it may be that we come in at different times."

We passed these comments onto the registered manager and area manager. The service is very large and they have an age range of 51 to 98. The area manager recognised that the activity co-ordinator required additional help and was going to look into this.

We looked at the arrangements in place to help people take part in activities, maintain their interests, encourage participation in the local community and prevent social isolation. The service employed an activities coordinator. They told us "I get to know everyone properly and see what they like to do." During our visit we saw that there was an activities programme displayed, showing a programme of activities that would take place during that month. These included zoo lab, pet therapy and hen power. We asked what hen power was. Hen power is a project for care homes such as Elton Hall to establish hen keeping in order to provide meaningful activities. Hen power meets the costs of setting up a hen house, run etc. and also continue to meet the costs of feed and bedding for a further six months. They also provide six weeks of activities such as music therapy, art and gardening.

People who used the service said, "Its great, we go on bus trips, shopping, out for lunch and play dominoes." And "I join in whatever is going on, we have games, we go out, we had a singer come in and someone making balloon shapes like animals or hats and things."

The activity coordinator also did a monthly newsletter with lots of photographs showing what people had enjoyed the previous month.

We saw the complaints policy and a record of complaints. There was information on how to make a complaint on the wall in the entrance hall but this was out of date, naming a manager that no longer worked at the home. The service had received four complaints since their last inspection, all had been responded to with a full outcome.

We asked the people who used the service and their relatives if they knew how to make a complaint and if they had ever made a complaint. People who used the service said, "If I was not satisfied with something then I would say it. I must say I prefer the older staff but I can't say anyone has been unkind to me or treated me badly." Another said "If I wanted too then I would complain. Up to now nothing has gone wrong, but I would let them know if it does." And "I can't think there is anything to complain about, well not for me anyway."

Two relatives we spoke with said that they had not raised a complaint. Both said they would make a complaint to the registered manager if they had the need to do so. One relative said, "I have complained and things improved for a while but they it just goes back to how it was." We discussed this with the registered manager and they explained what actions they had taken. We were satisfied that the actions the registered manager had put in place would ensure improvements would remain.

The visiting healthcare professional we spoke with said they had no concerns.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since August 2014.

The area manager carried out visits to the service on a monthly basis to monitor the quality of the service provided and to make sure the home service were up to date with best practice. We saw records for audits that had taken place in January 2015 and March 2015. The area manager explained that they check to make sure all actions on the previous months had taken place as well as starting a new audit. The registered manager also did their own monthly audits and sent these to the area manager. The area manager had highlighted that an action plan was needed on the registered managers audits. There was no reason documented as to why an audit had not taken place in February 2015.

We saw that where issues were raised such as the paving this was not addressed and in this case two years had passed without the work being completed to enable people to safely use the outside area. Also where issues were raised with staff such as appropriate infection control practice the staff routinely ignored the senior staff directions. No formal action was taken to ensure staff complied with infection control best practice and it was not a feature of the audit. Care plan audits were ineffective as the care records were inaccurate and difficult to navigate.

People who used the service were complimentary about the registered manager and staff at the home. One person we spoke with said, “Kindness itself, they are lovely people.”

Staff we spoke with said, “The manager is approachable, I like her.” Another staff member said, “You could not get a better care home to look after both residents and staff.” Another staff member said, “The manager is lovely, they are open and honest.” One staff member was not as complimentary and said, “The manager is a nice lady, but she drifts in at nine thirty, leaves early and sometimes does not come in at all, she needs to be more thorough but she has her favourites.” We explored this with the registered manager who provided valid reasons.

On the first inspection day the registered manager was on annual leave. We were told the deputy manager was in charge. We found the deputy manager was more of a unit manager and was not aware of managerial responsibilities and did not have a full oversight of the service. For example they could not tell us the number of people on each unit or where any relevant paperwork such as policies were kept.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that they send out satisfaction surveys on an annual basis and were due to send a new one out in May 2015. We looked at the one that was returned last year and saw it did not highlight any particular needs.

Meetings for people who used the service and their relatives took place monthly. We saw the recorded minutes for the last few months meetings and topics discussed were activities and a mini bus. We were told they have been trying to get a mini bus for a while so they could take people out on trips or for rides to the seaside. They did eventually get one but after a few weeks it was condemned, they were now trying to get another one.

We saw records to confirm that staff meetings had taken place. These were done separately for day staff, night staff and heads of department. Topics discussed were mobile phones, infection control and activities.

We asked the registered manager what links they have with the community. They said they do try to be involved as much as possible but it is a very quiet and small area. They do keep contact with the local church.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medicines, accidents, health and safety, care planning and safeguarding.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. We had received appropriate notifications from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and consent of the service users must only be provided with the consent of the relevant person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises were not properly maintained.