

Waypoints (Plymouth) Limited

Ernstell House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ernstell House is a 'care home' which provides accommodation and personal care for up to 64 people who may be living with dementia. At the time of the inspection 44 people were using the service. The service is a purpose built home over 2 floors and divided into 4 separate units. Access to the upper floors is via a lift. All rooms are single and have en-suite facilities. There is a large garden area and a top floor balcony seating area.

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

People who lived in the service told us they were happy and safe. One person said; "Yes, it's a perfect place - couldn't be better" and another said; "Yes, I am well looked after." A relative said; "Yes, she's definitely safe at Ernstell House."

People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe, regularly updated and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

Medicines were ordered, stored and disposed of safely. We have made a recommendation on ensuring administration and assessments of 'as required' medicines is recorded to reflect each individual needs and preferences.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Records were accessible and up to date.

Staff received appropriate training and support to enable them to carry out their role safely, including fire safety and mental health training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. However, some staff did not have a full employment history documented as needed. There was time for people to have social interaction and go out into the community. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were

identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People and staff told us the registered manager and the management team made themselves available and assisted them daily. They went onto say how they were approachable and listened when any concerns or ideas were raised. One person said; "I like it here, it's well run."

People and their families were provided with information about how to make a complaint and details of the complaint's procedure were displayed at the service.

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

Rating at last inspection and update

The last rating for the service under the previous provider was good overall, however there was a rating of requires improvement in well led. At this inspection we found improvements had been made and the services' overall rating is now good in all areas. (published 5 March 2019)

Why we inspected

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

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Good ●

Ernstell House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors, a pharmacist inspector, a specialist advisor and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ernstell House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ernstell House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided and spent time observing people. We spoke with 9 members of staff including the registered manager, clinical lead and homemakers. 'Homemakers' is how the service refers to care staff. We spoke to 1 professional. We also spoke to 6 relatives following our inspection visit.

We reviewed a range of records. This included 7 people's care records and 12 medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. The previous rating for this service had been good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems and processes were in place to make sure people received their medicines safely and as prescribed. One person said; "They make sure I have my inhaler and have my nebuliser".
- Staff were trained and assessed as competent to administer medicines. Managers checked that staff were following policies to support people to take their medicines and record when medicines were given.
- Medicines were ordered, stored and disposed of safely and securely. Digital medicines administration records (eMAR) were completed when medicines were given. The clinical lead had identified that improvements were needed to make sure that eMARs only contained current medicines.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions. Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- Staff knew people well and supported people to take medicines prescribed to be given when required (PRN). The clinical lead had developed guidance to help staff make consistent, person-centred decisions about when a PRN medicine might be needed, particularly where people were unable to communicate their needs. This guidance was not yet available for staff to use.

We recommend the provider ensures that person-centred information about assessment and administration of when required medicines is available for staff.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs.
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices included pre-employment checks from the Disclosure and Barring Service and references from previous employers before new staff started work. Not all recruitment files held a full employment history for all staff.
- The company checked the nurses had completed their Revalidation. Revalidation is the process by which nurses have to demonstrate continued knowledge and competence in order to retain their formal nursing registration with the Nursing and Midwifery Council (NMC).

We recommend the provider ensures a full employment history is documented.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. A relative said; "I would say she's safe and well looked after".
- Risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as personal care and people's health care needs.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information on people living with dementia so staff could respond quickly if people became distressed to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during outbreaks of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse. A relative said; "Yes, I am very happy with the home, they look after him, he is very safe, he has 1-1 staffing, they keep an eye on him as he can fall".
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. A staff member said; "The communication here is lovely. We always talk together about the priorities."
- Staff told us about the updated and recent training they had completed. There was a system in place to monitor training.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager. One staff said; "Management are very available, there isn't anything I couldn't say."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate

applications had been made and received to deprive people of the liberty within the law.

- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and an outbreak of COVID-19, the management team worked with the local healthcare team and said they had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person.

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

- The physical environment was continuously being reviewed, updated and improved. One unit is currently being updated and refurbished after being used by the local hospital during the pandemic.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service. One person said; "Yes, they've done an excellent job, the physio is brilliant".

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

- People were provided with healthy meals which they enjoyed. Comments from people included; "The puddings are great – the chocolate cake today was very tasty" and another said, "Today's meal was nice." A relative said of the food; "Yes, the food is excellent – a good variety."
- Staff were aware of any specific dietary requirements for people. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration.

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

- People were supported to maintain good health and were referred to appropriate healthcare professionals where required. One person required the attendance of the emergency services during our visit and staff were observed to act promptly to provide support to this person.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health, then this was communicated with the relevant professional. One person told us; "I go to the gym every day and see the physio to help me walk again".
- Relatives were assured the care staff supported their family members and were quick to identify changes in the person's health, report their concerns and request the required assistance. Comments included, "They are linked up to the GP surgery and a GP or someone else comes in once a week".
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals. People's care records highlighted where risks had been identified. For example, staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. A relative said; "(They) keep a close eye to make sure he drinks plenty and doesn't fall."

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. The previous rating for this service had been good. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For example, ensuring that doors were closed when providing personal care and asking people if they could assist them.
- People were supported to maintain and develop relationships with those close to them. Records showed family members had been updated when changes in people's needs were identified. One relative commented; "The staff are lovely. They help him to phone me – it's lovely that they do this."

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and happy atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion. People said; "The staff are kind and cheery". While another person said; "The staff are nice." A relative said; "They are kind, loving and thoughtful."
- Staff enjoyed spending time with the people they supported and we observed staff taking time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance. We observed good interactions and humour between staff and people.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Care plans contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were supported to make as many decisions as possible about their daily lives. People and their relatives said they could speak with the registered manager or staff about anything they wished to discuss. One person said; "The staff try really hard." While a relative said; "They know me, they listen to me – we've built a good relationship. They know I appreciate all they do."
- People were able to choose how they spent their time. We observed some people chose to spend time in their own rooms, while others preferred one of the communal areas.
- Staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to talk with as many people as we could during our visit.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for

themselves and what they needed help with.

- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Is the service responsive?

Our findings

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

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

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

- The service was using an electronic care reporting system. There was detailed information held which showed people's needs, routines and preferences.
- Care plans were person centred and detailed people's likes and dislikes and how best to deliver care and support. For example, how to manage if a person's general health or dementia had deteriorated.
- Care records detailed information about people's backgrounds, history, social, physical and health needs. Care plans provided information for staff on how to meet people's identified needs including, the support people needed to maintain their health and well-being.
- Where people had a specific health condition, guidance was in place for staff on how to manage and support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and had been supported by staff to go through procedures to ensure visiting was safe during any outbreak.
- The service had a range of activities and these were led by a 'Wellbeing' co-ordinator. The service had a large outside area for people to enjoy. People said; "Yes, I'm going to do some exercises in the lounge now" and "Yes, I go the gym". While another said; "Yes, there are films and dancing – you can join in". A relative commented; "The co-ordinator puts on a lot of events – singers and parties and mum was dancing. She's also made Christmas cards".

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. A relative informed us of a recent complaint they had made, and the management confirmed it was being looked into.
- People and a relative told us they would be confident to speak to the management or a member of staff if they were unhappy. One person said; "No, I haven't, no concerns". While another relative said; "I had a few niggles at first, but all sorted now".

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- Staff worked with the appropriate health and medical professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. The previous rating for this service had been requires improvement. The rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a lack of consistent management in the service, however the registered manager and clinical lead had both been in post since May 2022 and relatives and staff spoke of the improvements in the service. One staff member said; "It feels more settled. I can see that there are good changes." While a relative said; "They've gone through a few managers, (named the registered manager) is very good and attentive and always willing to see me".
- The registered manager and clinical lead both had oversight of what was happening in the service and were very visible and took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems and this assisted staff to ensure people's needs where met. One person said; "Yes, I am quite happy, and they always keep me informed."
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "We do get feedback from meetings. I was impressed that we got feedback when we didn't attend."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were complimentary of the service. One staff member said; "I haven't met a nurse here that I couldn't ask advice from."
- There was a warm and friendly atmosphere in the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected

their preferences.

- Staff told us they enjoyed their roles. Comments included; "I was doing an NVQ 3 when I started but I was able to carry on with that and complete it."

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

- Systems were in place to enable people, staff and relatives to give feedback. One relative said; "The new manger has put on relatives' meetings."
- Communication between people, staff and families was good.
- Staff and people told us the service was well managed and they felt valued. Staff told us the management team were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The management team and staff said this had been particularly important during the pandemic and a recent COVID-19 outbreak.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during the pandemic and a COVID-19 outbreak.
- The management kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The management team told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a COVID-19 outbreak. The management team worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and consultants to provide prompt care and support. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The management demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.