Harbour Healthcare Ltd

Elburton Heights

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 27 and 28 April 2017 and was unannounced. This is the first inspection since the service was registered with this provider in June 2016.

Elburton Heights is registered to accommodate up to 85 older people. The service is split into four units that offer either nursing services or residential care. Two units look after people living with dementia; one is a nursing unit and one is a residential unit. There is a further nursing and residential unit. When we inspected 64 people were living at the service.

A registered manager was employed to manage the service. 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. They were supported by a deputy manager, administrator and unit leads.

Where people were not able to consent to their care, staff did not always ensure people were assessed in line with the Mental Capacity Act 2005. Also, people living with dementia did not have a dedicated care plan in place for staff to understand how each person's dementia journey was affecting them. We have recommended the provider refers to current guidance on best practice in respect of care planning for someone living with dementia.

When we looked at the records of how people passed their day, what activities they had completed and how staff had met their care needs, we found these to be incomplete, lacking personal detail and had gaps. Also, we found that different units were holding information of people's care in different ways. We have recommended that the provider ensures they are recording people's day to day lives in line with current guidance.

The registered manager and provider completed regular audits to check aspects of the service were running well. These had identified some but not all of the issues we identified. Action was not then recorded as to how this omission was being addressed.

People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously.

People told us they were safe and happy living at Elburton Heights and were looked after by staff who were kind and treated them with respect, compassion and understanding.

People felt in control of their care. People's medicines were administered safely and they had their nutritional and health needs met.

People could see other health professionals as required. People had risk assessments in place so they could live safely at the service. These were clearly linked to people's care plans and staff training to ensure care met people's individual needs. The identifying and assessing of people's individual risk was inconsistent.

People's care plans were written with them, were person centred and reflected how people wanted their care delivered.

People were provided with enough to eat and drink to maintain their welfare. We have recommended the provider reviews how they monitor people's nutritional and hydration needs.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their day to day care.

Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met.

We found a breach of regulation. You can see at the end of the full report what action we have requested the provider take

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People's medicines were administered safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not being assessed in line with the Mental Capacity Act 2005 as required.

People were cared for by staff who were trained and supported to meet their needs.

People's nutritional and hydration needs were met. We have recommended the providers reviews the recording of how much people eat and drink.

People had their health needs met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were caring for with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity. People and relatives told us about how staff made them feel special.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People had care plans in place to reflect their current needs. However people living with dementia were not having their needs planned for. We have recommended the provider looks at this to ensure they are following current guidance.

Records of people's daily life were not robust enough to demonstrate the care given. We have recommended the provider reviews this.

Activities were provided to keep people physically, cognitively and socially active. People's religious needs were met.

People's concerns were picked up early and reviewed to resolve the issues involved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager and provider had audits in place to ensure the quality and safety of the service. These had picked up some of the issues we identified but had not put them right yet.

People, relatives and staff said the service was well-led.

People and staff felt the registered manager was approachable.

People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was requested.

There were contracts in place to ensure the equipment and building were maintained.

Elburton Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 27 and 28 April 2017 and was unannounced.

This inspection was carried out by one inspector from CQC's Adult Social Care Directorate, one pharmacist inspector and one specialist nurse advisor who had experience in nursing older people and dementia care.

Prior to the inspection, we reviewed our records to look at what information we had. This included notifications. Notifications are specific events registered people are legally required to tell us about. We also read the Provider Information Return (PIR) which is a document that asks the provider 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 10 people and three families. We reviewed the care of 10 people in detail to check they were receiving the care as planned. We reviewed 26 people's medicines records and how the service was ensuring people's medicines were administered safely. We looked around the building and observed how staff interacted with people.

We spoke with seven staff. We reviewed staff training, staff support and supervisions and how the registered manager and provider were checking on the quality of the service. We read four staff personnel records. We also checked what systems were in place to keep people safe in the event of an emergency and the building and equipment safe.

During the inspection we spoke with one health professional and one social worker.

We provided a questionnaire that could be given to families and friends. We received six replies from families.

Good

Is the service safe?

Our findings

People were protected from abuse by staff who felt confident in identifying the abuse that people could face. People told us they felt safe and staff would act if they needed protection. Family members were positive about how staff kept their loved ones safe. Staff were trained in safeguarding people and all new staff were supported to know what this meant when they started working at the service. Staff said any concerns they raised were always taken seriously and acted on.

A relative told us, "My dad is well looked after." Another relative told us they felt their loved one was safe because, "of the wonderful care and watchfulness of staff."

Staff were observed intervening between people. This was especially observed for people who were living with dementia who were not getting on for some reason. Staff responded quickly and with humour to diffuse situations that could have got out of hand. People were then distracted and guided to do something else like help a member of staff prepare the tables for lunch.

A staff member said, "Care given here is really good and all the staff ensure people are comfortable and safe."

People had risk assessments in place for most of the risks they faced while living at the service. Everyone had risk assessments in place which measured their likelihood of falling, skin ulcers, malnutrition and while being supported to move by staff. Choking risk assessments had been introduced just prior to the inspection for those people who required them. All these risk assessment were clearly linked to people's care plans and included professional advice if this had been sought. Risk assessments were regularly reviewed to make sure people were kept safe. Professional support and help was requested if the risk assessment showed people's needs had changed.

Some people also had risk assessments in place for issues they faced such as diabetes, but this was not consistent across the service. We spoke to the registered manager about this who stated they would put systems in place to make sure all risks were assessed as required.

People's medicines were administered safely. Everyone we spoke with and their relatives were happy with the medicine administration. During our inspection we checked the way medicines were managed and administered to people. We watched some medicines being given to people and saw that these were given in a safe way. People were asked if they needed any medicines that had been prescribed for them on a 'when required' basis, for example pain relief. One person said, "Staff always ask if I am in pain every time. They are attentive like that. I am really satisfied." There was no-one who looked after all of their own medicines at the time of this inspection. However there were policies in place to allow this if it was suitable and had been assessed as safe for them to do this.

People had medicine administration records (MARs) in place which were completed when medicines were given, or reasons recorded if doses were omitted. These records showed that people received their

medicines in the way prescribed for them. Records were kept of medicines received into the home and those sent for disposal, which helped to check how medicines were managed in the home. There were separate charts where care staff recorded any creams or other external preparations that were applied.

Medicines were stored securely. Medicines requiring cold storage were kept and monitored appropriately, so that they would be safe and effective. Temperature control systems had been installed in storage rooms. There were suitable arrangements for medicines requiring extra security.

Staff told us that they had regular medicines update training, and we saw that they were checked to make sure they gave medicines safely. We saw that monthly medicines audits were completed by the manager, and issues recorded were followed up. Information was available for staff and residents about their medicines.

We saw that there were separate recording sheets and protocols for medicines prescribed 'as required' (PRN), which provided clear guidance for staff as to when it would be appropriate to give doses. Two people's records did not have the detailed information available on their PRN medicines to guide staff as to the appropriate time to give a dose or which medicine to select. This was raised with the registered manager who acted to make sure this was put right.

There were enough staff to keep people safe. These staff were recruited safely and all checks were in place before they started to work at the service. The registered manager had systems in place to make sure there were enough staff. Staff were deployed to ensure people's needs were met. An issue was raised with us about the deployment of staff at the weekends. We were told one member of staff had been left on their own to serve lunch to people from other units plus their own people. The registered manager told us they would address this.

Personal emergency evacuation plans (PEEPS) were in place and there were plans in place to support people in the event of an emergency. There were regular checks of the environment to check people were kept safe in the building and garden.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 were not always being assessed in line with the MCA as required. Most people had an overarching MCA assessment in place that identified they lacked the ability to consent however, this was not broken down into specific decisions and best interests decisions. Statements stating a person cannot make "complex decisions" were commonplace with no detail then added as to what this meant. Also, records stated people could make "simple decisions" with again no detail as to what this meant. This meant staff did not have clear details on what people could or not consent to. It could not therefore be guaranteed people's rights to consent to their own care and treatment were being upheld.

Where staff were acting on behalf of a person, it was not always clear that this had been part of a best interests decision. There was often no record of the decision and who had been involved in this process.

Three people were receiving their medicines covertly (without their knowledge). Contact had been made with the person's GP however, where for two people the MCA assessment covered capacity to consent to medicines, the third person's assessment just covered 'consent to care and living arrangements' and didn't specifically cover medicine administration. Recordings of a best interests decision had not been documented for the decision to administer covertly for all three people. Also, there was no evidence of staff being given other strategies to gain the person's consent and when they were to administer the medicines covertly in line with the person's best interests.

Applications to deprive people of their liberty to keep them safe had been made. However, a MCA assessment had not always been completed and recorded prior to making this application. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

This is a breach of Regulation11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

A social care professional told us they felt the staff knew who did or did not have capacity and they had felt the practice was good. They added that staff always made sure people were able to have a say in their care planning. They added that the person they had come to see that day had been supported to express their views and say what they felt. They also felt that the person had been given freedom to consent to their own

care and treatment as their health and ability to do so had improved.

We observed staff asked people's consent before commencing a care task. They gave people time to respond and acted to reassure people by explaining what they were doing. For example, when supporting someone to stand with a stand aid, transferring to a wheelchair and walking to the toilet.

People and their relatives were positive about the staff and their ability to meet a range of needs. One relative said, "The staff appear to be well trained and very willing."

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia, catheter care and care of people being fed through the stomach wall was provided as required. Training had been reviewed for all staff to ensure they were having the training essential to their role. For example, all activity coordinators had training in meeting the needs of people living with dementia.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level. All staff at the service including the nurses and managers had completed the Certificate.

People had their nutritional and hydration needs met in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People were provided with food and drinks when desired. People's likes and dislike were sought from them or from getting to know people. People's special dietary needs were catered for. People could contribute ideas to the menu. People had access to fluid and snacks when required. People who were able could have drinks and snacks when they liked. People who could not help themselves were supported by staff to have regular food and fluid intake.

A relative told us, "They have plenty to eat; probably more than is needed." Another relative told us how staff were working to support their loved one to eat where they were struggling adding staff, "are trying everything to overcome this." A third relative said, "Food was made easier to eat and swallow when they were off their food" which had meant their loved one was still able to eat.

People were positive about the food and its quality. People commented that the quality of the ingredients had improved since the new provider introduced fresh, local produce. One relative said, "The catering is very good."

People's food and fluid intake was monitored. Any concerns were acted on immediately. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for

assessments with their consent. Guidance given was then followed to support the individual person. However, the records that needed to be referred to in order for staff to know what people had eaten and drunk were not always kept to a reasonable standard. The standard of recording varied across the different units; there were gaps in what was recorded and not all records were being assessed as to whether the person had eaten or drank enough. When we spoke with staff and read people's care plans and risk assessments we heard and saw staff knew who they were carefully monitoring and were achieving this for people.

We recommend that the provider ensures they are following the latest guidance in recording and monitoring people's nutritional and hydration needs.

When we highlighted with the registered manager we were concerned about how staff were recording people's needs when they were at risk of not eating or drinking enough, they told us they were piloting a way to achieve this more effectively. They had introduced a booklet containing all the necessary recording paperwork for people. This had been introduced just prior to the inspection and had yet to be evaluated.

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. People added that this was always achieved without any delay. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP. Any advice from professionals was clearly documented and linked to their care plan to ensure continuity of care and treatment. A healthcare professional told us they had no issues with how staff responded to people's health needs. They told us that any sign of redness on people's skin was reported straight away to prevent that person's skin breaking down. They also added that staff were quick to follow any guidance given.

One relative told us, "The GP has been called in on occasions and I have been informed". Another said the staff were doing everything they could with the professionals involved to look after her skin adding, "they take care of her needs and I know she feels happy." A third relative said, "Their health needs are very carefully monitored and his GP would be called if needed."

People were provided with equipment as required in line with their assessment. Staff were given clear guidance on how to use their equipment. For one person photographs had been provided to enable staff to seat this person safely.

Good

Is the service caring?

Our findings

The atmosphere across the service was calm and people were observed to be happy in the company of staff. One person said, "The staff are really good; I have my special ones but they are all good" adding, "I am very, very happy". Another person said, "I am looked after very well. The staff are nice; I am happy." A third person said, "Everything is alright thank you; Staff are alright, more than perfectly alright."

One relative said, "The atmosphere is cheerful and warm; makes you feel welcomed." Other comments from relatives included, "I have found that people are generally treated kindly; I have always felt there is a great atmosphere in the home. Very friendly and homely." Another relative said, "We are very happy; staff are very caring" also, "a very happy staff creates a good atmosphere." A further relative said, "It is a happy home; the atmosphere is so casual, friendly and homely."

People in the residential dining room were observed chatting easily with each other. We observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time. A staff member said, "There is a definite sense of community."

Another staff member said, "I am proud to work here; the way people are treated. The care is very good. I would place my parents here so that says something for the care here."

A visiting therapist said, "The home feels comfortable, homely with a nice friendly, caring atmosphere."

People told us they were encouraged to remain as independent as they could for as long as possible. They confirmed staff always involved them in deciding how much they could do for themselves and staff would give them the time to complete this before fulfilling their task. One person said, "I like to know what is going on. Staff are always respectful to me and say 'You have full capacity' and can comment on what happens to me."

Another person told us how staff had supported them to be in control in making decisions about their care. This included supporting them to have the right equipment and spend more time out of bed. A chalk board had been given to them to write on to remember what they wanted to tell staff. They commented, "It's absolutely fantastic here; the staff are so lovely and friendly and will do anything for you."

People living with dementia were spoken to with a caring voice and staff explained what they were doing. Staff spoke with people living with dementia with patience, kindness and warmth. Staff were observed walking alongside people who were walking with a purpose. We observed conversations between staff and people that were full of smiles and laughter, and people were made to feel 'special'. We observed one person living with dementia being supported to have their breakfast; the staff member checked with the person at each stage what they wanted and gave gentle encouragements to keep them focused on eating. The person and staff member had a good rapport, laughing and joking together. It was evident that the person was fond of the staff member by the looks given, and that they understood each other.

On another occasion staff were observed reassuring someone who commented they were finding it difficult being at the service rather than in their own home. The staff member sat with the person, acknowledged how hard it must be for the person and sat and talked about a range of subjects with them. The person was then observed to smile and relax while speaking with the staff member.

People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were offered unobtrusively. Staff respected people's need for privacy. One relative said, "Staff always knock before entering the room. They always ask how they are feeling and say what they are going to do." The staff were observed bringing people's post to them and asking what they would like them to do with it. For one person, this was reading it to them with their consent.

Visitors were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by name. They were then updated on their family member's condition where appropriate. Visitors confirmed they were always welcomed and given refreshments regardless of the time of day. A relative told us, "The staff treat the residents and family with kindness and support; giving the family reassurance that our loved one is being well cared for."

Staff talked about the people they were looking after in a caring way. Staff described a strong ethos of care led by each individual unit leads and reinforced by the registered manager and provider.

People were made to feel special for important days in their lives such as birthdays and anniversaries. All the relatives we spoke with said they felt staff treated each person as an individual and by their chosen name. A relative told us, "My dad always appears very happy, so he must be treated as special".

Families were actively encouraged to come into the service and spend quality time with their loved ones. Regular coffee mornings were held when everyone could get together with other family and staff. People were supported to bring their pets in to see them and to keep friendships with people they knew from the community. On the first day of the inspection school children from a local school came in to play games with people. One family member told us, "The staff really care about people and their families as well" adding how staff had called them when she was poorly to checks she was alright.

Staff kept in touch with and invited family of people who had recently passed away to come to the weekly coffee mornings. For one family member who had visited their loved one daily, staff were supporting them at the time of their loss and told us they would do this as long as needed.

Requires Improvement

Is the service responsive?

Our findings

Elburton Heights had two dedicated units for people living with dementia. People's needs were met by staff who were trained and knowledgeable about dementia. Staff had also spent time asking family about people's needs. However, people living with dementia did not have care plans in place which identified how dementia was affecting that person at that time. People with a diagnosis of dementia had their needs mentioned in different parts of their care records but there was not a dedicated care plan which brought this information together. Also, staff were not given specific guidance to measure if they were enhancing people's lives. Dementia care planning would provide staff with a simple, practical strategy for meeting people's needs. National guidance states that for people with a diagnosis of dementia having the right plans in place means people receive more effective and appropriate care, reducing their stress levels and increasing their safety and well-being. This can then be shared with other services such as hospitals to provide continuity of care.

We recommend that the provider ensures they review and implement the guidance in respect of care planning for someone living with dementia.

We spoke with the registered manager and provider about the care planning for people living with dementia. They advised the service was seeking to be registered as a dementia service with the local authority. The provider was also going to look into national schemes and guidance in order to ensure they were identifying and meeting the needs of someone with a dementia diagnosis.

When we looked at the records of how people passed their day, what activities they had completed and how staff had met their care needs, we found these to be incomplete, lacking personal detail and had gaps. Also, we found that different units were holding information of people's care in different ways. One unit had 10 folders where each person's records were kept and staff were not filling these in when required. For example, the records of when people had a bath or shower were blank. We could not follow the thread of significant events in people's lives on all occasions. For example, records showed staff had phoned a GP and social worker for one person but there were no reasons or conclusions recorded in their records.

When staff had completed reviews of records with people, they rarely mentioned the person and their having spoken to them. This was despite the information being personal to that person and family. The information was written as if the staff member had decided rather than using the person's name and voice.

We recommend that the provider ensures they are recording people's day to day lives in line with current guidance.

We spoke with the registered manager and provider about people's records and the issues we found. The registered manager told us they were piloting a new way of recording people's daily lives. This was currently being used in one unit and would be reviewed and refined before introducing across the service.

People's needs were carefully assessed when coming to live at the service. People were involved in

identifying their needs. New people were encouraged to visit the service to ensure it was the right place for them. The registered manager advised they were careful to ensure they had the right staff with the right training to meet people's needs before they accepted them into the service. They also sought as much information on people's needs to ensure any initial care plan was able to respond to their needs.

People had care plans in place which were personalised and reflected most of their current needs. People were familiar with their care plans and confirmed the registered manager had discussed their care plan with them and agreed it within the last month or so. A person told us, "I am very happy with the care here; staff make me feel they are listening to me." Relatives said they were very involved with the care planning process and review. Staff said they viewed the care plans often and felt they offered them the correct level of guidance. Staff could suggest if they felt the care plans needed amending to ensure the care plans reflected people's most current needs. A staff member said, "We provide care but encourage independence, dignity and choices."

Records showed staff responded to a range of needs as they arose. For example, staff carefully planned and supported people to maintain their continence and tissue integrity. People said staff would act promptly if they were poorly or had a concern. Staff involved them in the decision making process about how they wanted support or their needs met. All relatives said they were kept up to date and staff would call if there was an issue they needed to know about. One relative told us they were kept up to date and if they had any questions these were answered quickly and fully.

One person told us how the staff were managing their diabetes. They told us, "Everything that can be done is being done" adding, "Staff are clear on the support I need; eye tests, chiropodist and sugar free food." They also said that as they spent their day in their specially designed wheelchair they were sometimes uncomfortable. They told us staff responded to their needs by offering bed rest at these times. This then helped them to deal with their pain and ease their condition. Staff were also supporting their request for a review of their seating.

Staff made sure they gained people's personal history from them and their family. The records of another person living with the early onset of dementia said, "I like company" and staff were observed sitting and chatting to this person and ensuring other people were with them when they were watching television. It also said they liked matching bed sets and clothes and all these were provided and carefully maintained for this person.

People told us they could have their care needs like having a bath or shower met as they liked. We saw staff taking one person to and from having a bath and they told us how much they had enjoyed this. They had the bath "because I felt like it." A health care professional said they observed staff looking at different ways to help people have their personal care needs met how they liked it. Staff told us how they supported one person to have a bath by providing "lots of bubbles and a glass of Baileys" which was just how they liked to have this need met. The person smiled while we talked about this.

People were supported to maintain their faith and cultural identity. Faith leaders came to the service but people could also maintain their links with their chosen church or faith group. Staff discussed people's faith and cultural needs with them and every effort was made to ensure this was met.

People were provided with a range of opportunities to remain cognitively, physically and socially stimulated. There were designated activity co-ordinators employed to provide a programme of events at the home aimed at supporting people to remain active. Planned activities were provided throughout the day by staff and by entertainment coming into the home. People were given a list of the activities in advance. The

planned sessions were supplemented by ad hoc sessions. During the inspection a donkey came from the local donkey sanctuary which people were seen enjoying. There was also a karaoke session at the request of a person who desired it. This was seen to be enjoyed by people and staff taking part. Lots of laughter was heard. One person told us the activities are "incredible fun. Lots of work on the co-ordinators side; they are really excellent."

People who required or preferred one to one times with an activity co-ordinator were provided with time to complete crafts and puzzles; time to chat was also part of this time. One person who preferred smaller groups was provided with a tea party in their room to which a small number of other people came to. A relative told us this had a very positive effect on her mother and lifted her mood. Staff also said they had time to sit and be with people at less busier times of the day.

The gardener was described as important to people's lives at the service and was busy enabling people to plant an area of the garden that was their own work. A raised, wheelchair friendly flower bed had been designed and people were busy choosing what they wanted to plant in it during the inspection. People living with dementia were observed going outside with staff and enjoying being outside. People were encouraged to take part in looking after the garden or just sit and enjoy being outside.

There were systems in place to respond to people's concerns and complaints. People and their relatives stated that any concerns were quickly picked up and dealt with. One relative told us, "No real issues, but generally all happy with the response". Another said, "No main complaint and small problems dealt with." And another, "Had no reason to complain but know the process."

One relative said, "I don't see any need for improvement as the staff are so lovely and always there when needed

Requires Improvement

Is the service well-led?

Our findings

Elburton Heights is owned and run by Harbour Healthcare Ltd which is a provider of seven residential care services in England. They were registered as the providers of this service in June 2016. A nominated individual had overall responsibility for supervising the management of the service.

The provider had quality monitoring and improvement systems in place but although this had identified some of the concerns this had not put this right, and therefore needed to be improved. The registered manager and provider had a system of audits in place. These included an infection control audit, audit of medicines, care plan audit and audit of accidents. These were completed at regular intervals and action was taken when issues arose. However, the care plan audits had not ensured people were being assessed in line with the Mental Capacity Act 2005 (MCA) and the issues with people's paperwork we picked up during the inspection. People's MCA assessments were covered in the provider's audit of care plans. For example, in February 2017 the provider's care plan audit of one's person's file said, "Earlier in care plan it discusses that X has only short term memory (10min). However I can't see a capacity assessment in care plan. Does a DoLS need to be applied for and best interest decisions made?" The action from this had yet to be completed.

We spoke with the registered manager and provider about the importance of keeping good, clear and full accounts of people's lives. This was especially the case when there was a question asked about practice or people's needs from family and other professionals who needed to know that piece of information. Both the registered manager and provider told us they had recently picked up and were looking at ways to collate people's records in a more productive way. They were piloting a new way of record keeping at the point of the inspection. They had also initiated further training and support for key staff in respect of assessments in the MCA having identified issues in the recording and staff understanding. This had yet to take place.

Other audits, such as one monitoring key outcomes for people in March 2017, had identified changes that needed to take place and action had been taken to put things right. For example, staff training and the numbers of staff were found to require attention and this had taken place. This had also identified the need to introduce a dining experience audit for people. An audit of the food, catering and kitchen was already in place.

A registered manager was employed to manage the service locally. They were supported by a deputy manager, administrator and unit heads to achieve this. Everyone we spoke with, and their relatives, identified the registered manager as being in charge of the service. They confirmed they saw her often. They felt she was approachable. A relative said, "The management is wonderful; always willing." A social care professional told us they felt the service to be well managed. They told us "Staff know people. The service feels safe, you know who is in charge. They greet you but they also check who you are."

A staff member said, "This is a caring, well-led home. People are given one hundred per cent care; it's like a big family here."

The registered manager took an active role within the running of the home and had good knowledge of the

people and the staff. There were clear lines of responsibility and accountability within the management structure of the service. The registered manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff also said that they felt supported by the registered manager, deputy manager and unit leads. Staff confirmed they were able to raise concerns and agreed any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. One member of staff said, "[The registered manager] is always ready to help." Another said, "The nurses and managers are very supportive; any issues they are very helpful" and, "Staff support and help each other."

Staff said they felt valued working at the service. One staff member told us, "We are always thanked by the nurses at the end of a shift and by the registered manager when she passes. She says 'well done', which is really encouraging."

The provider had systems in place to oversee the running of the service at the director's level. Regular meetings took place to monitor the feedback about the service and the quality assurance tasks completed by the registered manager and themselves. The service was visited at regular intervals by staff employed with a regional oversight on behalf of the provider. Oversight was kept of key aspects of the service to ensure people were able to live safely and have their needs met at the service.

People and families told us they had many formal and informal opportunities to suggest changes to how the service was being run and felt their suggestions were taken seriously, for example, by the use of questionnaires. They also told us they spoke to staff, the deputy manager or registered manager as needed. Their views were always acted on or they received feedback about them. Surveys had also been sent to staff and professionals to ensure views were being gathered from as wide a group as possible. The responses were overseen by the providers. One staff member said, "We have open communication and encourage families and people to be open with us".

The registered manager had notified the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

A policy in respect of the Duty of Candour (DoC) was in place to ensure all registered persons understood their responsibilities. The provider tracked situations to ensure all DoC requirements were met if required. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately. One staff member told us, "I feel that residents are one hundred per cent safe; I am happy to report if any treatment or behaviour towards residents is disrespectful. I feel confident in the management."

The registered manager and provider had systems in place to ensure the building and equipment were safely maintained. The utilities were checked regularly to ensure they were safe. Essential checks such as that for legionnaires and of fire safety equipment took place

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11(1)(2)(3) People who lacked capacity were not having their right to consent to their care and treatment assessed in line with the Mental Capacity Act 2005.