

# Ellesmere Community Care Centre Trust

# Ellesmere Community

# Nursing Home

## 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

This inspection took place on 6 and 9 November 2017 and was unannounced on day one.

Ellesmere Community Nursing Home provides nursing and personal care for up to 9 people. Prior to this inspection the provider had made the decision close Ellesmere Community Nursing Home. As a result people were in the process of moving to alternative accommodation and care provision. It was on day one of this inspection that we were informed of the imminent home closure. At the end of day two of this inspection three people were living there.

A registered manager was in post and present throughout this inspection. 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.

People were kept safe from the potential harm of abuse or ill-treatment as staff knew how to recognise and respond to such concerns. People were supported by enough staff to meet their needs and who responded to them promptly.

The provider followed safe recruitment procedures when employing new staff members. People were assisted with their medicines safely by staff who were deemed competent to do so.

The provider had infection prevention and control systems in place including staff link persons and cleaning schedules.

People were supported to have enough to eat and drink to maintain health. People were supported by a kind and respectful staff team. Staff members knew those they supported well and respected their privacy and dignity. People were encouraged to be as independent as they felt able to be.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided.

People took part in social activities they found enjoyable and stimulating. People had access to facilities in their local community including areas of interest, shops and health care facilities.

People were involved in the development of their care and support plans which were individual to them. People received care from staff members who knew their individual likes and dislikes and histories. People and their relatives were encouraged to raise any issues or concerns. The management team had systems in place to address any concerns or complaints.

People had regular contact with the registered manager whom they found approachable. The provider had systems in place to monitor the quality of support given and to make changes when needed.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work. People were involved in decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

## 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 were protected from the risks of abuse by a staff team who knew how to recognise signs of ill-treatment and knew what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider followed safe recruitment procedures. Any incidents and accidents were investigated in order to minimise reoccurrence. People received support with their medicines by a trained and competent staff team.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by those supporting them. Staff members regarded those they supported with warmth and respect. People were given information in a way they understood. People had their privacy respected by those supporting them.

### Is the service responsive?

Good ●

The service was responsive.

People had access to social activities that they that they enjoyed and found stimulating. People were involved in the development of their care and support plans which were individual to them.

People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

### Is the service well-led?

Good ●

The service was well led.

People were asked for their views or opinions which were valued and respected by the management team. The provider completed checks to drive quality and improve the experiences of people. People had regular contact with the registered manager who they found to be approachable. When needed the registered manager and provider worked in collaboration with other agencies to promote continuous care and support for people.

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# Ellesmere Community Nursing 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 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 6 and 9 November 2017 the first day of which was unannounced.

The inspection team consisted of one inspector.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used any feedback as part of our planning.

We spoke with three people, one visitor, the registered manager, one nurse, two cooks, one cleaner, three care staff and the finance manager. We looked at the care and support plans for two people, records of quality checks, accident and incidents records and medicine administration. In addition we also looked at records relating to infection prevention and control records and details of quality checks completed by the provider. We confirmed the safe recruitment of two staff members.

We spent time in the communal areas observing how people were supported by staff members.

# Is the service safe?

## Our findings

We looked at how people were kept safe from the risks of abuse. People we spoke with told us they believed they were protected and safe. One person said, "They (staff) are all so lovely I could never envisage them ever intentionally hurting me or anyone else for that matter." Staff members told us that if they ever suspected abuse they would report it straight away to the registered manager. One staff member said, "I would tell [registered manager's name] straight away. If they were not around it would be the nurse or even the police if I was that concerned." We saw information was available to people, staff and visitors on how to raise a concern including relevant contact numbers for the local authority, the police and the CQC. The registered manager had system in place to respond to any allegations or concerns raised with them. We saw that they had made appropriate referrals to the local authority in order to keep people safe.

We looked at how people were kept safe from the risks of harm associated with receiving care. People we spoke with told us they felt safe receiving care and support whilst at Ellesmere Community Nursing Home. One person said, "I am looked after very well and feel completely safe whenever they (staff) support me. I am in safe hands." We saw individual assessments of risk had been completed for people including nutrition, mobility and skin integrity. Staff members could tell us the actions they would take to ensure someone remained safe when they supported them. For example, one person could become unsteady when walking. The staff member told us, and we saw, that they reminded the person how to correctly use their mobility equipment to help prevent them falling.

We saw incidents and accidents were recorded and reported. Any incidents were then analysed by the registered manager in order to see if any additional action was required or if there was any learning which could prevent reoccurrence. We looked at when things had gone wrong in the past and how they provider had responded. One staff member said, "As a result of one person falling we identified that information had not been passed to the GP. We recognised this quite quickly after the incident. As a team we discussed what we could have done differently to ensure the person received correct and timely intervention in the future. We could have this discussion openly as there is not a blame culture here and we need to learn from things."

At this inspection people were in the process of leaving Ellesmere Community Nursing Home to take up residence elsewhere. As a result of the change in their accommodation information relevant to their needs and risks was passed to their new home. The registered manager told us, "This is to ensure they receive continuity of care and to keep them safe in their new home."

Staff members told us there was a whistleblowing process in place at Ellesmere Community Nursing Home. Those we spoke with believed they would be supported and taken seriously if they ever needed to raise such a concern. The registered manager had systems in place to respond to any concerns although they had not received any since our last inspection.

The equipment that people used to assist them was maintained and kept in working order. The management team had systems in place to ensure the physical environment within in which people lived

was safe and met their needs. For example, regular fire checks were completed and any actions identified as part of environmental checks had been completed. We saw that new fire evacuation equipment had been purchased for use in an emergency following a fire safety check. Staff members told us they had training on how to use this equipment should they need to do so in an emergency. One person told us that they had been involved in the training of staff in the use of this equipment which had been "informative and fun." The registered manager told us that previously any repairs had been, "A little ad-hoc." As a result they introduced a new reporting system which identified the cause for concern and the action taken. For example, a window catch had been reported as faulty. We saw that the area had been made safe pending a repair.

People told us, and we saw, that there was enough staff to meet their needs safely and timely. One person said, "They (staff) are never far away. They always have time for me and I am never kept waiting." One staff member told us, "The good thing about this place is that you have time to chat and spend time with people. We are not rushed off our feet."

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I get my tablets regular as clockwork. I know if there are any changes as I am kept informed." People were given the information they needed to make a decision whether or not they wanted to take their medicines. If someone informed staff they did not wish to take their prescribed medicine the staff member recognised their right to decline and made contact with the prescribing GP if needed. We saw that people had individual medicine profiles in place. These detailed what medicines people needed to maintain good health and how they preferred to take them. For example, we saw one person liked their medicine on a spoon and another in a small cup. People told us they received their medicines how they liked which also included which drink they preferred to help them swallow.

Staff members told us they received regular competency assessments to ensure that they were safe and capable to support people with their medicines. The provider had systems in place to respond to any errors in relation to people's medicines. These included stock checks, seeking medical advice and retraining of staff if required. However, the registered manager told us that since our last inspection they had not identified any errors in people's medicines. We saw that when someone could not make decisions regarding their medicines staff members followed current practice when making decisions. This included assessments of capacity and a best interest decision to support the use of medicines. When people had "When needed" PRN medicine there were guidelines for staff to follow which included what the medicine was for and when to support people with it.

People told us that they lived in an environment which was kept clean and tidy. The provider had infection prevention and control systems in place to minimise the risk of infection. This included appropriate training of staff in infection prevention and control, regular attendance at local events focusing on cleanliness in the home and cleaning schedules. Staff we spoke with knew who their identified infection prevention and control link person was and that they could go to them for advice. We saw the provider actioned any recommendations to minimise the risks to people as a result of poor cleanliness. For example, wipeable coverings had been placed over lighting pull cords to assist staff cleaning them. The staff we spoke with, including those working in the kitchen and responsible for food preparation, had been training in food

hygiene.

## Is the service effective?

### Our findings

People told us that their individual health and social care needs had been assessed and the care and support they received followed these assessments. One person said, "I am a bit special in what I need. They (staff) have to understand what I need in order to prevent any further damage. My family were fully involved in my assessment as they understood more than I did. However, I am in full agreement with the care I receive." Another person told us, "They (staff) don't miss anything. I get everything I need here."

People were supported by staff members who had the skills, knowledge and training to effectively meet their needs. One person told us, "I believe they (staff) all know what they are doing. They do seem to be very well trained." Staff we spoke with told us they felt well supported in their jobs and that they had access to training relevant to those they supported. One staff member said, "I have done a number of training courses relevant to people's specific needs. This included catheter care and tissue viability." Another staff member said, "I completed the end of life training and the verification of death training. It seems a little morbid but this is an essential part of care and support. It gave me the confidence to have difficult conversations with people and their families and I believe I was more effective as a result."

When people first started working at Ellesmere Community Nursing Home they undertook training to equip them with the knowledge and skills to support people. One person said, "I did several training sessions before working directly with people. This included things as simple as how to wash my hands so I didn't pass on any infections to people." New staff members had the opportunity to work alongside experienced staff members when they first started. One person said, "This was a nice time for me. I was able to chat with people and get to know them without any pressure. This gave me the confidence to work with them and as I knew them we had something to chat about as well."

People received assistance from a staff team that felt well supported. Staff members we spoke with told us they received support from the management team and colleagues. Staff received one-on-one sessions where they could discuss their work practice and any developments in their knowledge and learning. One staff member told us, "We are all going through a hard time at the moment with the home closing. However, [registered manager's name] has been so supportive and is always there either in a one-on-one session or at the end of a phone. They are so supportive of us as a team."

People were supported to have enough to eat and drink and to maintain a healthy diet. We saw people making choices of what to eat and where they would like to have their meals. One person told us, "We get a choice of what we want to eat. The meals are lovely and freshly prepared. If I didn't like something they will always rustle me up something else without any fuss." We saw staff members encouraging people to eat together in a social situation. One staff member said, "Sometimes people just like to stay in their rooms for their meals. This is fine, but we encourage them to the dining room so they can chat and have time with others. We find people tend to eat better in the dining room as well." We saw that people's diets and weights were monitored to maintain good health. The registered manager and nursing staff had systems in place to identify and address any unexpected changes in people's diet or weight which included referrals to GP's or dieticians. We spoke with the kitchen staff members. They were knowledgeable of individual's personal likes

and dislikes and any special requirements including diabetic or soft food options. One kitchen staff member said, "It's a roast meal today but if someone would prefer an omelette no problem. We can always do something else for people if they change their mind. If someone doesn't want anything at that particular time again no problem. We can just get them something when they fancy it." People told us they were regularly asked for their meal preferences and were involved in creating a menu which reflected their preferences.

At this inspection Ellesmere Community Nursing Home was in the process of closing. This resulted in those living there seeking alternative accommodation, care and support. Those we spoke with told us that they had received assistance from staff members, the registered manager and, when needed, the local authority regarding their move and decisions. Staff members supported people when talking to new providers and gained their consent to share their care records to enable a holistic assessment of their needs. We saw information relevant to people's care and support had been passed to the new care provider prior to their move. Staff members were kept up to date regarding people's moves including when and where they were going. Staff members told us this was so they could talk with, and reassure, those moving on and reduce any anxiety they may have been experiencing.

People had access to healthcare services, including doctors, and were supported to maintain good health. People were involved in discussions about their medical intervention and options for treatment. Information following medical visits was recorded and relayed to all staff members concerned. People had access to additional health care including opticians and chiropodists if they required it. People told us, and we saw, staff responding to changes in people's health condition. Assistance was requested from medical professionals and guidance recorded to support people appropriately.

The physical environment within which people lived at Ellesmere Community Nursing Home was over a first floor with stairs and lift access. People and their visitors had access to private and confidential space should they wish. There was also the opportunity for people to spend time in communal areas where they could socialise with others. Access to outside space was via the lift or stairs and there was a community library downstairs. People told us they could spend time outside in an accessible garden area. People told us, and we saw, that a part of the home had been adapted into a reminiscence area. This was a memorial to those lost in conflict. One person said, "This was set up by [person's name]. We were asked about it and it gives us chance to remember people." We saw there was appropriate and subtle signage throughout Ellesmere Community Nursing Home. These signs helped people to remain independent and reduced the reliance on staff members. We saw one person become slightly confused about where they were going. The staff member pointed out the sign on a door and the person was able to make a decision about where they were going. More formal signage including fire evacuation plans and exits were visible in key areas informing people, staff and visitors what to do in an emergency.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person told us, "I choose to spend a lot of time in my room. They (staff) encourage me to go out and socialise, which I do from time to time, but I like my own space. Staff here respect my wishes but keep me informed about what is happening in case I change my mind." Throughout this inspection we saw people being offered choices regarding what they wanted to eat and what they wanted to do.

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

possible. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision themselves. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made to ensure someone received appropriate care with regards to their medicines. This care was provided in the least restrictive way possible and the decision making process correctly followed the current guidance.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection the provider had not needed to make any such applications. However, we saw contact had been made regarding the professional assessment of people's capacity regarding changes to their accommodation. This was to ensure people were involved as much as they wanted in decisions regarding their future care.

## Is the service caring?

### Our findings

People told us that they were treated with kindness and compassion by those supporting them at Ellesmere Community Nursing Home. People we spoke with described the staff team as, "Dedicated," "Kind," and "Lovely." One person told us, "The staff here are excellent. The manager is first rate. I could not fault anything." The staff we spoke with talked about those living at Ellesmere Community Care Home with fondness and respect. One person said, "They all listen to us here and we all feel a part of this small special community. It will be such a shame when it all ends as I have made some true friends here."

People received support at times of upset and distress. We saw one person start to become anxious. This was recognised quickly by a staff member. The staff member was able to respond to them and recognised straight away the cause of their anxiety. The staff member talked calmly with this person who became visibly relaxed. This person then continued what they were doing and thanked the staff member. We asked the staff member about what we had seen. They told us, "[Person's name] likes things just so. If they feel there is any change from this then they can become quite upset. By knowing this and recognising when something is not quite right we can respond and reassure and make any changes they want."

People we spoke with told us they were involved in making decision about their care and felt involved in the planning of their support. One person said, "I tend to leave this all to my family. They know more about things than I do. Just as long as I let them know what I want they (family) will sort things here with [registered manager's name]." Another person said, "They (staff) will talk with me and see how things have been. If everything ok and do I need any different help. All in all things are fine and I am more than happy with my care."

People told us they had been provided with the information they needed in order to make future decisions about their care and support. This included support from the local authority and information on towns or villages that they may be moving to. One person said, "This is something a really did not want to be involved in. It was almost as if I didn't recognise it the move would just go away and I could stay. As it happens I have been supported to make a decision and hopefully everything will be fine." The registered manager told us that people had the support from friends and families and if needed they could refer people to advocacy agencies for support and advice.

All those we spoke with told us that staff respected their privacy and dignity at all times. One person said, "This has never been a problem at all and I am surprised to even think it is a question. Everything is done with the upmost respect, often with a bit of humour as well. But always respect." At this inspection we saw any personal care and support was completed with people in private. One staff member told us, "I always ask people how they like things and I always think what would my Nan like if they lived here?"

Information private and confidential to people was securely kept and only accessed by those with authority to do so. We saw staff members checking people's authority to access information before anything was disclosed.

People told us that they could be as independent as they wanted. One person was doing their exercises in the lounge area. They told us, "They (staff) keep on at me to keep moving and doing my exercises. They say if I don't use it I lose it. That seems to be the mantra with them and me at the moment. So I keep moving and doing as much as I can for myself. They (staff) are always there as my safety net if I need them." People told us they were supported to attend appointments in their local community including GP appointment and hairdressing. One person said, "I go with my family or with a staff member. It keeps me out and about."

Friends and family were able to visit when they wanted and private areas were available. One visitor told us, "I quite often pop in when I have time. I am always greeted and offered a cup of tea which I have with [person's name] in their room. We sit and just and have a chat."

## Is the service responsive?

### Our findings

People we spoke with told us they felt fully involved in the planning of care and support that they received. When people chose family, and those close to them, were also involved. We saw care and support plans that were personal to the individual and informed staff members what help and assistance people required. These plans also included people's likes and dislikes, personal histories and interests. One person told us, "I come from a rural upbringing. This is where my interests are. They (staff) talk with me as much about my life before I came here, as they do about the here and now." Staff members we spoke with were able to tell us about those they supported. This not only included the individual person's care and medical needs but family and personal histories as well. One staff member said, "People are not just a medical diagnosis. They have a wealth of interests and experiences. It's really good to hear and learn from them as this makes the work we do so much more interesting."

When people had the authority to act on someone's behalf the provider had systems in place to check the authority of the individual. For example, if a family member informed staff or the registered manager that they had a power of attorney the provider completed checks to ensure this authority was relevant and appropriately registered. A power of attorney is a legal document that allows someone to make decisions for someone, or act on their behalf, if they are no longer able to or if they no longer want to make their own decisions.

People told us they had opportunity to take part in a number of activities that they found interesting and stimulating. These included regular trips out. For example, to the Ellesmere Mere and on an accessible canal barge. In their home people took part in arts and crafts and games in communal areas. When people were not able to or chose to stay in their room's staff spent time with them engaging them in conversations, reading and tactile relaxation when appropriate. One person showed us a series of pictures displayed on the walls in a communal area. They said, "When I am in here I look at these pictures. It's good to see what we have done and it gets us looking forward to the next outing." People also told us they took part in sing-a-longs, board games and had entertainers come in and perform for them.

People and visitors told us they were free to visit when they wanted and were encouraged to do so by the staff and registered manager. One person told us their family were also encouraged to attend any entertainment that was taking place at Ellesmere Community Nursing Home. At this inspection we saw staff encouraging people to spend time together over meals. One staff member said, "Sometimes it is easy for [person's name] to stay in their room. We encourage them out and into the communal areas so they don't become isolated. They are a really social person but just need a bit of a nudge sometimes."

People had access to on-line services and digital communication if they needed to keep in touch with people. Wireless internet access was available and staff members were knowledgeable about how to support someone to use internet based communication tools.

People told us they knew how to raise a concerns or a complaint but no one we spoke with had felt the need to do so since our last inspection. One person said, "I would go tell [registered managers name]. They will

sort it for me if there was ever a problem. Thankfully there never has been." We saw information was available to people, visitors and families on how to raise a complaint. The registered manager told us that they had not received any complaints in the last 12 months. However, they had systems in place to investigate and respond to anyone raising a concern with them.

Included in people's individual care and support plans were their expressed wishes for future care. These included plans for end of life care and support. At this inspection we were not able to talk with people regarding this area of their care planning. However, staff we spoke with told us about the training and support they received to enable them to meet people's needs at the end of their lives. One staff member told us, "We have rapid access to health care facilities and have alerts on people's medical records with the GP and out of hours services. When required we have "just in case" boxes which contain the relevant medicines people may need at a time they need them. This prevents any delays in treatment which could contribute to an uncomfortable death." When people had expressed a wish to not be resuscitated this was clearly documented in their files so that staff were aware of their wishes.

## Is the service well-led?

### Our findings

People we spoke with told us that they knew who the registered manager was and that they saw them on a day to day basis. One person said, "[Registered manager's name] is excellent. We see them every day and they always have a smile on their face. I don't know how they do it as it must be a stressful job." Another person told us, "They [Registered manager] is always popping their head around my door to see if I am ok. They are very supportive." Throughout this inspection we saw the registered manager spending time with people and supporting them when they wanted. One staff member said, "[Registered manager's name] is very approachable. I can go to them at any time and they are always up to date with what is happening with people here."

People and staff believed there was an open and transparent culture at Ellesmere Community Nursing Home. One staff member said, "When things do go wrong, which they sometimes do, there is not a culture of blame. It is more of a case of what went wrong and what do we do about it." The registered manager understood their requirement to share information with people, and if needed families, when things had gone wrong. However, they had not needed to do this since our last inspection.

The provider, registered manager and staff members all had shared values and aims when supporting people. One staff member told us, "It is about making this a home for people. A home where they can feel safe and supported." Those we spoke with believed that they were supported safely and in a homely environment. Staff members we spoke with told us they had regular staff meetings where they could share ideas and express their opinions. One staff member told us, "We are never backward in coming forward. If it is a good idea [Registered manager's name] will listen to us and make changes."

Ellesmere Community Nursing Home had a registered manager in place at the time of this inspection. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager took responsibility for maintaining their knowledge and skills with regular attendance on training courses provided. In addition they received national safety notifications to assist them to maintain a safe living and working environment.

The registered manager was supported in their role by a board of trustees. People told us they had seen representatives from the board of trustees when they completed quality checks at Ellesmere Community Nursing Home. One person told us, "We do see someone from time to time. A couple of them [trustees] came to a recent meeting to tell us about the home closing. They gave us some reasons but I don't believe we were given a full explanation. I understand why but we could have been given more information sooner." Staff members we spoke with were upset about the closure of Ellesmere Community Nursing Home and believed they could have received better support and information from the board of trustees. However, they did feel supported by the registered manager who was available to them for practical and emotional guidance when they needed it.

At the last inspection we identified that improvements needed to be made in relation to engaging people in activities and with quality checks made by the provider. The registered manager had made improvements in both these areas. People told us they were involved in activities they liked and we saw details of checks made to improve people's experience at Ellesmere Community Nursing Home. The registered manager and the board of trustees undertook a number of quality checks. These included checks to the environment and people's opinions about the care and support they received.

People we spoke with told us they attended regular resident meetings. They felt able to contribute their ideas and to make suggestions. One person told us they had recommended changes to staff member's uniforms. They went on to say, "I know the changes have been made as I have seen them purchased. However, the sad thing is we won't get to see staff wearing them as the place will have closed by then."

People told us they felt part of the local community of Ellesmere and that the provider had good links with the town. One person said, "I was very excited about the new library downstairs. I love books and I would have access to what I wanted including local history." People had the opportunity and support to go into their local town and visit shops, hairdressers and places of interest. There was a charity shop in the local town which supported Ellesmere Community Nursing Home which people told us they also visited. The registered manager arranged outside speakers from the local community to come and talk to people about what they had done. One person told us about the recent visit by a community support officer and how interesting they found it.

The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required. Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members had the resources and opportunities they needed to continue to improve their professional skills and competencies. These included attendance on regular training courses and open and honest discussion about their role and the support they provide. One staff member said, "Following one incident we all spoke about what could be done in a different way. It was identified that no matter what we did we could not have reasonably prevented it but how we responded could have been better."

Prior to this inspection the provider had recognised that the services they provided to people were no longer sustainable. As a result the decision had been made to cease the regulated activities they provided and were in the process of closing Ellesmere Community Nursing Home. People, and if needed their families, were being supported by the home and the local authority in identifying alternative arrangements for them. One staff member told us, "This is a very unhappy decision and we are all feeling it. However, it has been recognised that we are just not able to continue providing care and support for people."

We saw details of partnership working with other key agencies involved in the support of people. These included the local authority, GP's, Tissue Viability Nurses and other care providers. One person told us, "I believe any information about me is passed to the right person so I get the support I need. I was a little scared that something would be missed at first but this was not the case. I have full confidence people are working together."