

Deverill Estates Limited

Elroi Manor

Inspection report

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Date of inspection visit:
17 May 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Elroi Manor on 17 May 2018. This inspection was undertaken in response to concerns we had received about the service.

The inspection team inspected the service against two of the five questions we ask about services: is the service well led and effective. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At the last inspection in December 2017 the service was rated good.

Elroi Manor provides a service for up to 26 people. The home is approximately one mile from Wincanton town centre. The home provides personal care for older people living with dementia and other mental health needs. At the time of our inspection there were 20 people living in the home.

There was a registered manager in post 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.

Records relating to the repositioning of people who had or were at risk of pressure sores had not always been completed. We did not find any concerns directly about the care of people. However, there was no system in place to ensure staff were providing evidence, through completion of the record, that they had completed the specific care task.

Care planning did not always reflect the complexity of care people needed particularly around pressure care and risk of skin breakdown. There were no specific care plans for skin integrity or assessment to identify people at risk of pressure sores.

Where people had or developed complex health care needs there was no process in place to review their living at the home. This would be to identify where nursing care may be appropriate or what measures were needed to ensure care needs were met. We have made a recommendation about in relation to this this.

People spoke positively about living in the home. One person said, "I have really got on well here it has made a real difference." Another person said, "It feels like home and a family".

People enjoyed the meals provided and one person told us, "The meals are good I always enjoy my meal." Another person said, "I like to sit down and have a meal with people it is a bit of a social occasions."

People's nutritional and dietary needs were met. Where concerns about diet or the need for ensuring people ate well appropriate support was provided.

People described the registered manager as someone who was approachable and always available. Staff also described the registered manager as "Someone we can always go to, she knows what is going and how people are."

The registered manager had responded to our inspection by taking action to address the failures we found around completion of records. They had also put in place improved assessment of people at risk of pressure sores.

The service had worked hard to develop positive relationships with health professionals who regularly visited the home to support people who required nursing care such as pressure sore care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was not consistently effective

Documentation systems for the management of pressure sores specifically repositioning charts were not robust or effective in the recording of care provided.

People would benefit from assessment and review of care needs where there is deterioration of their health which could indicate the need for nursing care.

People benefitted from being able to maintain a nutritional and healthy diet.

Requires Improvement



Is the service well-led?

The service was well led

People and staff benefitted from an open and approachable management.

There was a collaborative and proactive approach to working with health and social care organisations.

Good



Elroi Manor

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 focused inspection was prompted by concerns we had received about the service related to the care of people who had or were at risk of pressure wounds. Health professionals who worked closely with the home had raised the high number of pressure wounds in the home as a concern.

The inspection took place on 17 May 2018 and was unannounced.

This inspection was carried out by one inspector and a specialist professional advisor who was a nurse who had specific knowledge and experience of caring for people with pressure wounds.

During the inspection we spoke with four people, one relative and five members of staff about their views on the quality of the care and support being provided. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts.

We spoke with the registered manager, the deputy manager and the provider was present during the feedback about our findings from the inspection.

We looked at the care records for six people living at the home. We also reviewed training records and the provider's governance systems.

Is the service effective?

Our findings

Where people had or were at risk of having a pressure sore repositioning charts had been completed. However, there were gaps in the recording. For example for one person who required repositioning hourly there were periods of eight, seven and six hours where no record had been made. For another person there were periods of one and two hours where no record of repositioning had been made. We noted there was no evidence to indicate failures to provide the necessary care. However, there was a potential risk people would not receive the care they needed that met their up to date needs.

On admission assessments had been undertaken as to the care needs of the person and this formed the person's care plan. Assessments had been made to reflect the needs of the person. For some people daily records of fluid and food intake were completed. Others had specific records about skin care for example there was a record for heels in that a number of people had developed pressure sores on their heels. However, where people's physical health had deteriorated placing them at risk of pressure sores there were no specific assessment and care planning related to this aspect of their care. For example skin integrity care plans and waterlow assessment both of which directly relate to pressure care.

In discussion with the registered manager and provider they confirmed there was no formal process for the re-assessment of care needs of people who may require more intensive care particularly around health needs such as pressure care. We noted the aspiration of the home to provide care until the death of the person wherever possible. There may be circumstances where people's care needs can no longer be safely or effectively met at Elroi Manor and the undertaking of a comprehensive assessment and review would help in making a decision about where the person should be best placed.

We recommend the provider finds out more about assessment and care planning, based on current best practice, for people who have complex health needs.

Where people had specific care needs because of a disability, cultural, spiritual or other area related to the individual and to ensure no discrimination takes places these areas are addressed in the person's care plan.

Where people required equipment to support and maintain their independence this is available for example when moving a person who has limited mobility. For people who had pressure sores there was specialist equipment made available for example pressure relieving mattresses.

Staff demonstrated a good understanding and knowledge of how to provide care to people at risk of pressure sores. They told us the indicators i.e. poor movement, inadequate nutrition, lack of fluids. They told they had completed specific training around pressure sores in part provided by community nurses. They also confirmed they had undertaken training in other areas such as moving people, safeguarding and infection control.

People were supported to maintain a healthy diet particularly where there had been identified health needs.

For example there were high calorie snacks available in the lounge area to encourage people to have when required. Some people were specifically on food and fluid charts and staff ensured as far as possible they received sufficient food to maintain a healthy diet or address any dietary concerns. This was identified as "Need high protein for skin regeneration and wound healing." This was part of supporting people who were at risk of pressure sores and skin breakdown.

People told us they enjoyed the meals provided in the home. One person told us they had asked for a particular meal to be on the menu and this had happened. Another person said, "If I do not like something I can always have something else." There was a relaxed un-hurried atmosphere at mealtime.

Is the service well-led?

Our findings

People told us they found the management of the home approachable. One person said, "You can go to the manager at any time, she is someone you can talk to about anything." Another person said, "I like it as they make it like a family I have settled well." Staff echoed these comments one staff member saying, "The manager is very approachable." Another said, "It is such a welcoming home feels like a family."

Since the inspection the registered manager had put in place improvements in the areas we identified; monitoring recording of repositioning these are now signed off by the registered manager, deputy or senior member of staff. Waterlow assessments and skin integrity care plans were completed for all people living in the home. This meant the registered manager had acted to address the shortfalls we had identified from the inspection.

There were systems in place to look at the quality of the care and identify any areas for improvement. This included questionnaires for people who lived in the home. This provided positive feedback about the care people received. For example 60% people said the quality of care was excellent and 40% Good.

Quality assurance audits were undertaken monthly. These included medicines, infection control, care plans and environment. Observational audits were undertaken looking at interaction of staff with people, how staff supported people in terms of their behaviour. These audits were designed for people living with dementia. One had been undertaken which identified improvements were needed around the mealtime experience and these were put in place i.e. use of music to create a more relaxing mealtime experience and staff interaction with people having their meal.

There was a collaborative approach where working with health and social care organisations. Where concerns had been raised there was a pro-active approach i.e. improvements in liaison arrangements with community health. This was confirmed to us by a health care professional. The registered manager and provider had responded positively to CQC concerns and requests for further information to evidence the quality of intervention and care for people.