

# St Andrews Care Homes Limited

## Elcombe House

### Inspection report

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### Ratings

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

### Overall summary

This inspection took place on 28 July 2015 and was unannounced.

The inspection was carried out by one inspector.

Elcombe House is a residential care home which accommodates up to 22 older people. On the day of our visit there were 20 people using the service.

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.

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and to know how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

# Summary of findings

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including doctors, opticians and dentists.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



### Is the service caring?

The service was caring.

People were able and encouraged to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Good



### Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see him when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



# Elcombe House

## 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.

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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 checked the information we held about this

service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place on 15 October 2013.

During our inspection we observed how staff interacted with people who used the service.

Some people had limited verbal communication but we were able to interact with them and to observe their interactions with staff.

We spoke with three people and the relatives of one person who used the service. We also spoke with the registered manager, the deputy manager, two senior care staff, four care staff, a catering assistant and a visiting nurse practitioner.

We reviewed four people's care records, five medication records, three staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe, one person said, “Yes, I am safe here.” A relative we spoke with told us they felt their relative was safe and the service took suitable steps to keep people safe. One relative said, “Before coming [relatives name] would just walk out and not know where they were. That cannot happen here.”

We spoke with staff about protecting people from abuse. They were able to describe what different types of abuse were and how they would recognise them. They told us they would not hesitate to report any suspicions to the registered manager or senior staff. Staff told us, and records confirmed that they had all completed safeguarding training. There were notices displayed with advice of how to report suspected abuse. Referrals had been made to the Local Authority Safeguarding Team and the Care Quality Commission (CQC) where appropriate and these had been investigated.

Staff told us that all of the people who used the service had risk assessments in place. They explained that they included moving and handling, personal care and going outside. We were also told that some people had them for helping out around the house for example setting tables, dusting and trips out. They told us that these were completed when people moved in and were reviewed on a regular basis. Risk assessments we looked at were complete and gave staff instructions how to protect the person whilst still giving them independence. This meant that people were protected from risk whilst keeping as much independence as possible.

Staff told us that they reported any accidents and incidents, and completed the appropriate paperwork. The registered manager showed us the accident reporting records, these were all completed correctly. Staff also told us, and we saw this, that the name of the person ‘on call’ for out of hours assistance was on the rota. This meant that staff could respond immediately to keep people safe.

The registered manager told us that they employed the services of a professional company who had carried out annual health and safety inspections. A report was produced which detailed any actions which needed to be taken, the registered manager and the provider had then drawn up an action plan. These actions had been carried out. Records we observed confirmed this. This assisted with making sure that the building and environment was managed to keep people safe.

People told us that they thought there was enough staff on duty at all times, one person said, “There’s plenty around.” A relative said, “There always seems to be enough. They have time for people.” The registered manager explained that they used the dependency levels of the people using the service to develop the staffing rotas. This ensured the correct amount of staff with the right levels of skills were on duty to meet peoples individual needs. Records we saw confirmed this. Staff did not appear rushed and spent time with people.

We found safe recruitment practices had been followed. One staff member said, “After my interview I had to bring in proof of who I was and where I lived.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

We observed staff administering medication to people and found that this was carried out correctly. Staff told us that they were only allowed to administer medication after they had completed their training and their competency was checked regularly. We saw evidence to confirm this. Medication was stored securely in locked trollies. We found that most medicines were administered through a Monitored Dosage System (MDS). One person refused to take their medication. The senior tried at a later time, but they still refused. This was recorded and the medicines were put in a container to return to the pharmacy for safe disposal. We checked the Medication Administration Records (MAR) for five people. These had been completed correctly and there were no gaps.

# Is the service effective?

## Our findings

People told us that they thought the staff had the right training to care for them, when asked one person said, “Oh yes.” A relative said, “I do not know if they are well trained but they seem to be. They all know what they are doing.”

Staff told us they received a lot of training including moving and handling, health and safety and infection control. Staff also received training to assist with the specific needs of people who used the service, for example Percutaneous Endoscopic Gastroscopy (PEG) feed. A training matrix was in the office to evidence this. There was also a notice advising staff if they had any training outstanding. This showed that there was an effective system in place to ensure staff had the correct knowledge to provide care and support to people.

We saw the documentation for a member of staff who had recently completed their induction. It consisted of a variety of training which needed to be completed alongside reading and understanding of policies and procedures as well as shadowing more experienced staff. This had to be signed off by a deputy manager before finding the staff member competent to work. The provider informed us they were in the process of developing a new programme following the introduction of the new care certificate. They would have their own ‘in house’ assessor to sign off the certificate.

The provider told us that they were the chairman of the local care homes providers’ association. This enabled them to keep up to date with best practice. The registered manager told us that if they attended any presentation they took a member of staff with them if possible so that information could be cascaded to the whole team. This ensured that staff were kept as up to date as possible with best practice.

Staff told us they received regular supervisions on a one to one basis with the registered manager or deputy manager, which they found useful. They also said that the registered manager was always available to speak with and was supportive, they could raise any issues either work related or personal and they knew they would help if they could. We saw evidence of staff supervision records in staff files and a matrix for supervisions was on the notice board.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA)

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings had been held and documented in people’s care records. A relative told us that they were aware that the home had applied for a DoLS assessment for their relative and they had been involved in the process. The registered manager explained that some of the people who used the service had been granted a DoLS. We saw all documentation relating to these. This meant that people who needed to have their liberty deprived had been assessed and approval had been gained.

One person told us, “The staff are very respectful, they always knock on my door and wait for me to say come in.” Staff told us, and we observed, that they always asked for consent before assisting with any support, for example people were asked if they would like to join in activities, speak with the inspector or let the district nurse look at their leg. One staff member said, “We always ask for consent, it is their right to say yes or no.” This showed that staff respected people and their personal space and possessions.

The registered manager told us that some people who used the service had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) agreements in place. Staff were aware of who the people were. The forms had been completed correctly in consultation with the person, doctors, and family, where appropriate. This meant that people’s wishes would be carried out as requested.

People told us they enjoyed the meals and were given choices. One person said, “The food is nice.” A relative told us they felt the food was good and that people ate very well, and said, “[person’s name] has put weight on since they moved in. It was needed.”

The catering staff told us they were aware of people’s special diets and knew how to cater for them. There were plenty of food supplies including fresh fruit, vegetables and salads. We observed the lunchtime meal. People were offered the choice of two main courses and two puddings. The staff explained that there were always other options if people did not want what was offered. People were given a choice of where they ate, and were given support when required. The atmosphere was relaxed and enjoyable, and

## Is the service effective?

people were given plenty of time to eat and chat with others at the table. The service had been awarded five stars from the local authority food hygiene rating scheme. People were offered a variety of food and drink throughout the day.

People told us that they saw the doctor when they need to. The senior told us about a service which they use. They get a call from a nurse practitioner every morning to find out if the home has any concerns about anyone, they are then triaged and a nurse practitioner will visit. They will see the person and are able to prescribe medication if required. This enables people to be seen rather than have to wait for

a doctor to visit. We spoke with the nurse practitioner who visited on the day of our inspection. They told us the staff referred people appropriately and were always willing to listen to advice and act on it accordingly. There was a notice advertising that an optician would be visiting the service the next week. Documentation in people's care plans showed that health care professionals including district nurses, complex care team, opticians and chiropodists had been involved in people's care. This demonstrated that staff ensured people had access to appropriate health support when required.

# Is the service caring?

## Our findings

People told us that staff were very kind. Many people and relatives made comments regarding the kind and caring approach of the staff. One person said, "The staff are all so lovely." A relative said, "They are all caring and kind."

We observed positive interactions between staff and people who used the service, for example, when they were helping people to mobilise and give general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff spending time with people chatting with them about their family and issues of interest. One person was becoming unsettled and staff knew how to respond to help the person settle. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, "I do what I want." One relative told us they were involved with their relative's care. They had been to a review and were informed of everything they needed to be.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate.

People who used the service and relatives spoke positively about privacy and dignity. One person said, "They always knock if my door is closed." We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at meal times and when people got up or went to bed as well as keeping doors closed.

There were small areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. A relative said, "We visit any time. Other family members come when they can. Staff always make us welcome" During our inspection we observed visitors visiting throughout the day.

# Is the service responsive?

## Our findings

People told us they were involved in their care plan if they wanted to be. A relative said, "We know about his care plan and we have been involved in his reviews." There was evidence in the care plans we saw that people and their families or representatives had been involved in writing them.

Staff told us they knew the people in their care but used the written care plan to confirm there had been no changes in their needs since they had last been on duty.

Staff told us that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, and that choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. A relative told us that their relative was able to make choices about their everyday life. This demonstrated that people were able to make decisions about their day to day life.

Staff were observed carrying out activities of choice with individual people. One lady had a manicure, one person was colouring and another person was taken out to join the local library. Staff explained that rather than do one activity where a number of people would not join in, they preferred

to do activities of people's choice either in small groups or individually. We observed some people listening to music and others reading the daily papers. The registered manager told us they had a regular entertainer visit, and family days were planned including a barbeque when relatives and friends had been invited. Notices were displayed to advertise these and when holy communion would be available.

Throughout our inspection, we observed that staff were not rushed and spent time with people. For example, chatting about what the day's news was, the contents of the newspaper and spending time in the lounge interacting with everyone. Care offered was person centred and individual to each person.

People we spoke with knew how to make a complaint. One person said, "I would speak to a member of staff if I needed to make a complaint, but I have not needed to." A staff member said, "If someone was unhappy and wanted to complain, I would help them." There was a complaints policy and procedure in place. The registered manager told us that they had an open door policy and was available for people to speak with and hoped people would speak with them if they had any issues." We looked at the complaints log. All had been dealt with appropriately following the providers' procedure.

The registered manager told us that an annual survey is sent out to people and their relative's. The results were available for the 2014 survey. Results were positive with comments including; 'I am treated with dignity and respect when receiving care', overall we are extremely pleased with the care' and 'friendly staff and atmosphere'.

# Is the service well-led?

## Our findings

Staff said that there was an open culture, they could speak with the registered manager or deputy manager about anything and they would be listened to.

Staff told us that they received support from the registered manager and senior staff. One staff member told us, “The manager and deputy manager are available for us to speak to.” Another said, “We know what is happening in the home, [provider’s name] tells us.”

The registered manager told us that they had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who he was and told us that they saw him on a regular basis. During our inspection we observed the registered manager chatting with staff, visitors and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. The provider had carried out quality assurance visits. Records showed that these had been carried out regularly. An external quality assurance visit by the local authority had awarded the service five stars in their food hygiene rating scheme. This showed that a variety of audits had been carried out to ensure a quality service had been delivered. The provider showed us a new quality assurance system they had recently started to use. This was based on the new fundamental standards and included self-assessments which could be used to drive improvements.

The registered manager told us that all accidents and incidents were reviewed by them. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future.

The registered manager told us a variety of meetings had been held on a regular basis, including; residents, relatives, staff and managers meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which included staff discussing the values of the provider.