

Ramond Limited

# Elsinor Residential Home

## Inspection report

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North Yorkshire  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

### About the service

Elsinor Residential Home is a residential care home providing personal care to 35 people aged 65 and over who may be living with dementia in one adapted building. At the time of this inspection 29 people were living at the service.

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

Governance systems had not been established and fully embedded into the service. Provider audits to monitor the quality and safety of the service were not effective.

Staff new to the service were not provided with a sufficient induction. Staff had not been provided with sufficient support and training to ensure they had the skills and knowledge to carry out their role.

Risks to people had not been consistently assessed. Risk assessments did not provide staff with sufficient information. We have made a recommendation about the management of risks. Medicines had not always been stored safely and recorded appropriately. Staff had not received appropriate medicines training. We have made a recommendation about the management of medicines.

Care plans did not always contain up to date information. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Capacity assessments and best interest decisions were not recorded. We have made a recommendation about MCA.

People told us they liked living at the service and felt safe. Support was provided by a consistent team of staff who had a good understanding of people's care and support needs. Staff were visible around the service and it was clear positive, caring relationships had been developed. Improvements had been made to the recruitment process.

People and staff spoke positively of the new registered manager. The registered manager had begun to implement improvements since commencing employment and was committed to ensuring people were provided person-centred care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, response and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to the governance and staff training and support at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Elsinor Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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

#### Service and service type

Elsinor Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

During the inspection, we spoke with five people who used the service and two relatives. We spoke with four

members of staff, which included care staff, the cook and the registered manager.

We viewed a range of documents and records. This included four people's care records and six medication records. We looked at two staff recruitment and induction files, four staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider had failed to establish and effectively operate recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- A safe recruitment process was now in place and followed.
- Action had been taken to address the shortfalls at the last inspection in relation to Disclosure and Barring Service (DBS) or Adult First checks, health questionnaires and right to work pre-employment checks. These were now in place.
- There was enough staff on duty to support people. Staffing levels were reviewed on a regular basis and a dependency tool was being introduced.

### Assessing risk, safety monitoring and management

- Risks were not always assessed and managed safely. Records did not provide staff with enough detail of how risks were to be managed and reduced. The registered manager told us they were in the process of updating all care plans and risk assessment.
- General risks, such as the use of stairs and metal restriction bars used on the stairs and the risks they posed, had not been considered. Action was taken to address this.
- Regular checks on the safety of the service had been introduced. These checks did not include checks on the integrity of the windows and window safety bars. Fire drills that had taken place were not recorded.

We recommend the provider seeks advice and support from a reputable source about risk management.

### Using medicines safely

- Medicines were not always stored, administered or recorded appropriately.
- Prescribed food supplements were found to be stored in the kitchen. This medicine was not recorded on the persons medicine records and had not been administered as prescribed. The registered manager took action to address this immediately.
- Staff had not received appropriate training or had their competencies assessed with regards to medicine management.

We recommend the provider considered current best practice guidance in relation to the safe management

of medicines and appropriate training for staff and updates their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff had not received regular safeguarding training. A training plan was in place to address this.
- People told us they felt safe. One person said, "Oh yes, we are all very safe here, can't see any reason not to be."

Preventing and controlling infection

- Infection control practices were in place and followed.
- Staff had access to personal protective equipment to reduce the risk of cross-contamination.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed on a monthly basis. The registered manager took action to reduce risks where possible.
- Any lessons learnt were being shared with the staff team.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not sufficiently supported. They had not been provided with regular one to one support. The frequency of supervisions was inconsistent.
- Training had not been provided to ensure staff had the skills and knowledge to carry out their roles.
- Staff new to the service had not completed a thorough induction to ensure they were familiar with the service and the providers policies and procedures.

Failure to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had begun to take action to address the training and supervision shortfalls. A training and supervision plan had been developed to ensure all mandatory and refresher training was completed by all staff over a three-month period.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service ensured they could meet people's needs. Pre-admission assessments were completed before a person was admitted to the service.
- Staff worked with other agencies to ensure people received the care and support they needed.
- Care plans had not always been updated to reflect advice and guidance provided by professionals.

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

- People were provided with sufficient meals, snacks and fluids throughout the day.
- Where people had specific dietary needs, this was not accurately recorded. For example, where people required pureed meals due to choking risks, the information recorded did not reflect professional guidance.
- Meals did not always look appetising. When presented with their meal one person said, "What is that. It doesn't look very appetising." The registered manager acknowledged they needed to make improvements to the quality of meals. They had recently asked people to complete food questionnaires and were working on an action plan to address the concerns raised.

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

- Improvements had been made to the environment at the service. Rooms had been refurbished and

consideration had been given to the available space in the service and how best to utilise this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the principles of the MCA. Where people lacked capacity, decisions made in their best interest were not recorded.
- Consent had been signed by relatives or friends who did not have the legal authority to do so. The registered manager had already identified improvements were needed in this area. Staff training was planned and all new documentation to record capacity assessments were being introduced.

We recommend the provider considers current best practice guidance in relation to MCA and updates their practice accordingly.

- DoLS had been applied for when required. A tracker was in place to ensure renewals were requested in a timely manner.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well-looked after and happy living at Elsinor Residential Home. Good relationships had been fostered between staff, people and their relatives. Comments included, "All good lasses working here. They are all very kind and know me well. They listen to me."
- Staff treated people with kindness. They showed a genuine, caring attitude and asked permission before offering support.
- People responded positively to staff; they smiled, laughed and joked with them showing us they shared positive caring relationships with them and valued their company. A relative said, "Staff engage with people and really do want to get to know everyone."

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

- People were supported to make decisions; staff routinely offered people choices.
- Staff understood people's communication needs and body language and provided support when required. For example, if this indicated a person was becoming anxious.
- Staff had time to spend with people to provide person-centred care. They knew people well and understood when they needed the support of their relatives and others to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves to promote their independence. Staff provided verbal prompts and offered reassurance when needed.
- Staff respected people's right to privacy and confidentiality. Care records were stored securely, and staff supported people with personal care discreetly.
- The positioning of some dining tables meant that people were sat alone, facing the wall during mealtimes. The registered manager was addressing this.
- People were encouraged to maintain relationships and build new friendships. Relatives were able to visit the service whenever they wished.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always contain detailed information about people's likes, dislikes and preferences.
- When there was a change in people's care and support needs, care plans had not always been updated to reflect this. For example, when a person mobility declined, and a hoist was needed for transfers, the care plan had not been updated to reflect this.
- Life history documents were being developed by the activities coordinator. The registered manager explained this would help improve staff's knowledge of people's backgrounds, interests and topics of conversation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and had begun to implement easy read documents.
- People's communication needs were known by staff.
- Care plans did not always capture people's communication needs and any support they required.

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

- People were encouraged to maintain and develop relationships. Regular planned activities took place.
- People told us they were happy with the activities on offer. One person said, "I like singing and music. Sometimes I enjoy a game of cards – it is all good fun." Plans were in place for additional trips out into the community.
- People had access to number of lounges where they could socialise with each other and staff. Quiet spaces were also available around the service.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints.
- 'Post boxes' had been placed around the service to encourage people and relatives to share their concerns and feedback.

End of life care and support

- People's wishes with regards to end of life support had been considered.
- Records lacked person centred information in relation to people's end of life wishes, such as the person's preferred place to spend their final days.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had not established and operated sufficiently effective systems to assess, monitor and mitigate risks and to make sure complete and contemporaneous records were in place. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The quality assurance process in place had not been effective. Not enough improvements had been made since the last inspection.
- The recording issues in relation to medicines, care plans and risk assessments found during this inspection had not been identified by the providers quality assurance processes.
- Regular audits to monitor the quality and safety of the service had not been completed consistently from January 2019 to August 2019.
- The provider visited the service on a regular basis and they had introduced an audit to evidence these visits. However, these were not effective. For example, a provider audit completed in July 2019 stated 'all supervisions are completed monthly.' Evidence found during the inspection showed supervisions had not been completed.
- The provider had failed to comply with action plans they submitted to CQC stating how they would improve the service following the last inspection.

The provider had not established and operated sufficiently effective systems to assess, monitor and mitigate risks and to make sure complete and contemporaneous records were in place. This was a continued breach of Regulation 17, (good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new registered manager had conducted a full audit of the service when they commenced employment. They had identified a number of shortfalls which they were working hard to address. New auditing tools had been created and a thorough governance system had been introduced. However, these audits had only been completed for September 2019 and needed fully embedding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred culture to improve people's quality of life. During their short time at the service they had identified a number of improvements that were needed. Work was ongoing to address these.
- People, relatives and staff spoke positively about the registered managers approach, commitment to the service and improvements they had begun to make. One staff member said, "They have had such a good impact since starting and they are working with staff to make sure we are improving. I actually feel valued now."
- People and relatives had been asked to complete quality questionnaires to ensure their views were and suggestions were considered. Resident and relatives' meetings had been introduced and were led by people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong. They had been responsive to the shortfalls found at the last inspection and acknowledge enough improvement had not been made since the last inspection.

Working in partnership with others

- The registered manager recognised the importance of community involvement. They were looking at ways this could be improved.
- Plans were in place for the home's minibus to be utilised for trips out into the community.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated sufficiently effective systems to assess, monitor and mitigate risks and to make sure complete and contemporaneous records were in place.</p> <p>17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to deploy a sufficient number of suitably qualified, competent, skilled and experienced staff. The provider had failed to provide sufficient training, support, supervision and appraisal to staff employed.</p> <p>18(1)(2)(a)</p>