Ellesmere Community Care Centre Trust

# Ellesmere Community Nursing Home

## Inspection report

Trimply Street
Ellesmere
Shropshire
SY12 0AE

Tel: 01691622364

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

This inspection was carried out on 4 and 6 October 2016 and was unannounced. At our previous inspection on 12 May 2014 we found that they were meeting the Regulations we assessed them against.

Ellesmere Community Nursing Home provides accommodation and personal care with nursing for up to nine older people. There were nine people accommodated at the time of the inspection. There is 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.

A system was not in place to monitor the overall quality of service delivery. The provider acted on any issues as they arose with people on an individual basis. This was acknowledged by the registered manager who agreed to address this. The registered manager developed staff to embrace 'extended roles' within the service to give them more responsibility and enhance the service provision.

People who lived at the home felt safe and secure with the staff that supported them. People had been assessed before moving to the home so they knew what they needed help with. Care records contained details of people's preferences, interests, likes and dislikes.

Staffing levels and the skill mix of staff were sufficient to meet the needs of people and to keep them safe. Staff recruitment followed procedure with required checks completed for new staff.

Medicines were stored and administered safely. Nursing staff dealt with one person at a time in the home to minimise risks associated with this process. Nurses had received training updates to ensure they were confident and competent to assist people with their medicines.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure people received enough to eat and drink.

People were encouraged and supported to maintain relationships with their friends and family members. Relatives and visitors were always made welcome when they visited their loved ones.

The care plans were centred on people's healthcare needs and gave staff direction to provide effective care. People were confident that their care was provided in the way they wanted.

Staff provided some group activities and there were opportunities for social stimulation from visiting entertainers and a complimentary therapist. The registered manager acknowledged that they could do more to meet individual preferences for people in addition to providing group activities.

The provider had regular surveys in place to obtain the views of people who received a service. The registered manager spoke with people individually on a daily basis to seek their views about their care.

## 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.

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

The provider had procedures in place to protect people from the risks of harm and abuse. Staff had an understanding of the procedures to follow should they suspect abuse was taking place.

Assessments of risks to people were undertaken. Written plans were in place to manage these risks.

There was a safe system in place for the management of people's medicines.

### Is the service effective?

Good

The service was effective.

People were supported by trained and knowledgeable staff.

Staff supported people to make decisions about their care. There were policies in place to protect people's rights.

Staff identified the risks associated with poor drinking and eating and provided a nutritious and balanced diet.

The registered manager and staff ensured people were able to access specialist support and guidance when needed.

### Is the service caring?

Good

The service was caring.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff provided support to people in a kind and dignified way.

Staff were patient when they interacted with people and their wishes and privacy were respected.

## Is the service responsive?

**Requires Improvement**

The service was mostly responsive.

Staff had an understanding of how to respond to people's changing needs.

There was a brief programme of activities in place. Some people did not have any occupation at other times of the day or when they chose to stay in bed.

The registered manager and staff worked closely with people and their families to act on any comments or concerns straight away.

## Is the service well-led?

**Requires Improvement**

The service was mostly well led.

The registered manager understood their legal responsibilities for meeting the requirements of the law.

The provider did not have a system in place to monitor the overall quality of service delivery.

The registered manager was a good role model for staff and their development.

# 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 visit was carried out by one inspector over two days on 4 and 6 October 2016 and was unannounced.

Before the inspection, the provider was asked to complete 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. This was not returned to us by the due date. We reviewed information held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted commissioners of care, healthwatch and healthcare professionals for their views.

We spoke with four people who lived at the care home, five members of staff and the registered manager. We viewed two people's care records, two recruitment records of recently recruited staff, management quality reports and medicine records.

Good

# Is the service safe?

## Our findings

People explained how they felt safe receiving their care and support. One person told us "I feel safe here because there are always enough staff on duty and all my personal items are safe too." Another person said, "If I ring the buzzer they come quite quickly. My son chose here, I feel safe and my possessions are safe."

People said they would know who to speak with if they felt concerned for themselves or others. Staff told us they received training and information to help them identify how abuse could occur so as to help them keep people safe. Staff we spoke with were knowledgeable on how to identify and report abuse and confirmed they would do so without hesitation. The registered manager told us they attended the local safeguarding management meetings to share information and practice. There had not been any safeguarding matters raised about a person in the care home since we last inspected.

People considered their environment was safe. A person told us, "I have my room set out as I like it so I can walk around safely without falling." Risks were identified and individual written plans were in place to guide staff to help keep people safe while maintaining their independence. We saw people being assisted to move around the home with their walking aids. Care workers spoke reassuringly and kindly to people as they discreetly ensured they were safe. We were shown care records that detailed how staff assessed situations, monitored people and considered options of managing the situation. Staff also consulted professionals for their advice, for example, the dietician and falls prevention service.

Incidents and accidents were reported on. Action had been taken by the member of staff working at the time of the accident. The registered manager said they reviewed any incidents as they happened to ensure proper action had been taken. They had not recorded action taken to identify any themes to these incidents.

Recruitment and selection processes were in place to ensure that staff were suitable to care for older people. We were shown how the provider kept records of recruited staff. Appropriate checks had been undertaken before they had started work. These included satisfactory Disclosure and Barring Service checks, evidence of identity and written references.

People told us that the home was always staffed well. People told us that staff responded promptly when they rang for assistance. One person told us, "Staffing has always been good and I'm getting help when I need it." We saw that the number of staff on duty was in line with the number on the rota to meet people's needs. The registered manager told us they regularly reviewed staffing levels according to people's needs, risk and their dependency. They had worked night shifts on the rota to ascertain the situation over a 24 hr period. The result of this was that staffing was increased at night and during the tea time to keep people safe and meet their needs. Staff told us that staffing levels were good and enabled them to give people a safe level of care. We were told that agency staff were occasionally used to cover short notice sickness. We saw that the registered manager had received information from the supplying agency to ensure staff were safe to work at the service.

People were satisfied with the way staff managed their medicines. People were protected by safe systems

for the storage, administration and recording of medicines. Medicines were supplied from a pharmacy that individually blistered medications where appropriate. This enabled medicines to be administered safely. We saw that staff checked each person's medicines with their individual records before administering them in their room. This made sure people got the right medicines and preserved the dignity and privacy of the individual, in relation to their medicine. Medicines were securely kept and at the right temperatures so that they did not spoil.  One person told us, "They look after my medication and give extra painkillers when I need them." Where medicines were prescribed on an 'as required' basis, clear written instructions about why and when people may need these were not in place for staff to follow. The registered manager agreed to address this within the medicine care plan. However, staff gave a good verbal account of when people would be likely to need 'as required' medicines

Good

# Is the service effective?

## Our findings

People were asked for their signed permission to certain aspects of care such as, photographs, care delivery and complimentary therapy. One person told us, "Everything's fully explained and they ask my consent always. It's my daughter they usually talk with." We saw that this person had been involved in reviews, including their daughter on a regular basis.

We saw people were verbally asked for their consent before care and support were given. They were given choice about aspects of their care for example, whether to get up for the morning or stay in bed. We observed staff asking people throughout the day before assisting them with tasks such as where they would like to sit or eat and when supporting people to transfer.

People were supported by staff who stated they had received training and one on one support for their role during which their performance was reviewed and discussed. We saw that new staff members were required to complete an induction programme. Staff were not permitted to work alone until they had completed training such as moving and handling. This meant that people received their care from a staff team who had the necessary skills and competencies to meet their needs.

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

People 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).

The registered manager and senior staff had attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had an understanding of the Act. They spoke to us about their understanding of the legislation and guidance. Staff said they a person's capacity was always assumed. The registered manager stated they had consulted with local authority professionals regarding the situation of the home being on the first floor. They had assessed the rights of people to leave the home whilst maintaining their safety. They ensured that people's rights and freedoms were protected.

People were supported to make important decisions. These decisions included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and records showed that relevant people, such as relatives, legal representative and other professionals, had been involved.

People told us they enjoyed the food and were given a good choice of meals and drinks every day. One person said, "The food is wonderful, I'm not a great eater, but I like what they give me. The care workers verbally tell me the menu. There's enough of it and it's always hot, I like to eat it in my room." We observed lunch in the main dining area and everyone was eating well. Some people were being helped in their room

but most were managing unaided. We heard a care worker encouraging a person to eat and drink. They spoke to them kindly and encouraged the person to try to eat their meal.

People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP and dietician as needed.

People told us their health care needs were well supported. One person in the home said, "I see the GP when I need to. It's never a problem. I also see the optician and podiatrist." We saw that staff monitored skin integrity closely and with the aid of pressure relieving interventions. People's care records demonstrated that staff sought advice and support for people from relevant professionals. Outcomes of visits were recorded and reflected on within the plan of care so that all staff had clear information on how to meet people's health care needs.

Good

# Is the service caring?

## Our findings

People spoke positively about the care and support they received. One person told us, "This is a good home and I like the staff very much." People told us the staff helped them when needed. Another person told us they were happy and well cared for by the staff team."

The relationships between people and the staff were friendly and relaxed. We saw and people told us they were comfortable in the presence of staff and found them very caring. Staff engaged with people in the lounge and dining area during the morning and as they went about their work. Conversations were inclusive and involved the people living in the home.

People told us they liked the staff that supported them. It was evident staff were knowledgeable about the people they were supporting and how people's health was monitored. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes and their personal histories. One person enjoyed music as a hobby and staff had arranged for them to play the piano for the home as an activity. People told us they had enjoyed this very much.

Where people chose to spend time in their bedrooms this was respected. Some people were cared for in bed. Staff were observed knocking on the person's door gently before going in to assist them. People described how staff helped them with their personal care. They said staff always made sure their privacy and dignity was intact.

People received support from a staff team that clearly understood their individual needs. People were supported to express their views and to be as actively involved as possible in making decisions about their care and support. Some people's relatives supported them with making these decisions and advocacy services were sourced where people needed additional support. For example, we saw that one couple had been assisted with an advocate to speak on their behalf to assist with a planned move back to their own home. This had been a complex issue that had been handled sensitively by the registered manager and staff.

People's private and confidential records were stored securely in a lockable cupboard in an office. Certain staff had keys in order to be able to access the records at any time they needed to refer to them.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that activities and social events were available to them. One person said, "You can do as you please with your day. We do have arranged activities from external folk but not much other than that." Another person said, "I like to sit in the lounge and watch TV. I would enjoy sitting outside when the weather is nice." There was a picture collage displayed on a wall of various outings, but they didn't relate to all current people who used the service. We saw a brief list of arranged external visitors displayed in the lounge. For example, complementary therapist, a person to encourage exercise, the music man and the local Vicar. One person told us, "There are some local students who come and talk to us as part of their school project. It's very nice when they come and chat."

Everyone stayed in their room up to lunchtime. People told us they attended the arranged programme if they felt up to it. We saw staff spend time chatting to individuals other than to assist with care or manage their requests for help. People were supported to maintain contact with friends and family. Staff told us they sometimes facilitated a different organised activity during the afternoons. The provider had reviewed activities and had decided that staff should remain responsible for this area. Two people told us that sometimes they were bored but did not feel socially isolated. The registered manager acknowledged this and planned to review this part of the service.

People told us they spoke about their care with staff. People had their needs assessed by the registered manager before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People had a care plan covering all areas of daily living. This included personal care, eating and drinking, sleep and any risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported, for example, when they wanted to get up, their likes and dislikes and important people in their life. People said their care was provided exactly how they wanted it to be.

The registered manager recognised the need to involve people in the community more and vice versa and had ideas to do this. Links had been made with outside clubs and church coffee mornings. They told us that the provider website was to be updated and the statement of purpose for the service was under review.

A copy of the complaints procedure was not displayed in the home. The procedure we read was in a file in the nurse station area. It informed people of the escalation process should they not be happy with the way the provider had dealt with the issue. The service had not received any recent complaints. People said they would be happy to talk to the registered manager if they had any and were confident they would address any issues.

Requires Improvement

# Is the service well-led?

## Our findings

People considered the service was well run. People commented that the manager was willing to listen and was open about the way the service was run. A person said, "They always give us information about what's happening." Another person said, "I have written on a survey form about the quality of the service."

Staff said the registered manager was very supportive, approachable and worked alongside them. Staff told us they were confident to report poor practice or any concerns, which would be addressed by the registered manager immediately. They hadn't needed to do this but were certain that they would be listened to should the need arise. People said they were aware of the management structure in the home and knew who to speak with if they were unhappy.

A formal survey was conducted once a year to find out people's views on the service. Any comments were reviewed with the person involved and their family. Staff explained the importance of recognising people as individuals and responding to any personal concerns.

A system to monitor the overall quality of service provision was not in place. The registered manager understood the need to do develop a policy and procedure for this. The registered manager stated that people individually had any issues addressed. For example, if they had an accident, the circumstances around it would be reviewed and the care plan reassessed and amended to reflect any changes to care. The registered manager recognised the need to develop the individual monitoring to embrace the whole service to identify any shortfalls and drive improvement.

A representative of the Trustees visited the service regularly. A report was seen of their visit in September 2016. It did not give a thorough overview of the service but they had spoken to people who used the service and staff on duty.

Regular staff meetings took place enabling staff to voice their views about the care and the running of the home. The registered manager had delegated responsibilities in relation to certain areas of the running of the service such as, medicines and infection control. .As this was a new initiative, they had not yet reviewed whether standards were being maintained or that the person was achieving what was expected of them in that area. They had developed stronger links with external stakeholders, for example, the speech and language therapist and the dietician

Providers are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.