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Elderholme Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Elderholme Nursing Home is a care home providing personal and nursing care to up to 64 people. They also provide specialist care to people who require ventilation or tracheostomy care, as well as short term assessment and reablement support. At the time of the inspection, 64 people were living in the home.

At the time of the inspection, the location supported 3 people with a learning disability or who were autistic. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

However, the people were being supported in the service primarily for their nursing needs, rather than their learning disability. Therefore, although we checked to ensure people were treated with respect and dignity, had choices and were supported to access local communities, we did not assess the service as a whole, based on 'Right support, right care, right culture.'

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

Risks to people were assessed, however records did not always reflect actions had been taken to mitigate identified risks and some care plans required additional detail to ensure people's needs were clearly reflected. We made a recommendation about this.

Medicines were managed safely, but records required further improvement to ensure there was clear guidance when to administer 'as required' and covert medicines. Medicines were stored safely and administered by staff that were trained and assessed as competent.

Records showed safe recruitment practices had not always been followed. Although all staff had undertaken a Disclosure and Barring Service (DBS) check, some staff did not have a reference from their previous employer and had gaps in their employment history. The registered manager took action to address this.

Procedures were in place to seek and record people's consent, but records regarding best interest decisions could be further improved. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they felt Elderholme Nursing Home was a safe place to be. Procedures were in place to ensure safeguarding concerns were managed appropriately. Staff knew how to raise concerns and referrals were made appropriately. There were enough staff to support people when they needed it and rotas showed staffing levels were consistently maintained. Staff had undertaken training to

ensure they had the required knowledge to meet people's needs safely and told us they were well supported in their roles.

Effective infection prevention and control measures were in place. The home was clean, and people's friends and relatives were encouraged to visit. People were encouraged to personalise their rooms and the environment was safe and appropriate for the people living there.

People were supported to maintain their health and wellbeing and referrals were made to other professionals when required. People's dietary needs were assessed and met, and people told us they had enough to eat and drink, and always had a choice of meal.

Systems were in place to monitor the quality and safety of the service and helped the registered manager identify any areas for improvement. People and their relatives told us the service was well managed and feedback regarding the care provided was overwhelmingly positive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 February 2021) and there was a breach in regulation regarding the management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed and updated practices to ensure risks were robustly assessed and managed, and systems in place to monitor the quality and safety of the service were effective. At this inspection we found the provider had made improvements with regards to the governance systems, but further improvements were required to ensure records reflected that identified risks were mitigated.

Why we inspected

This inspection was prompted in part due to concerns received regarding staffing levels, staff training, the management of the service, the management of medicines and the quality of care provided. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elderholme Nursing Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation in relation to the management of risk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elderholme Nursing 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors 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

Elderholme Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elderholme Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, chef and 5 other members of the staff team. We spoke with a visiting health professional, 3 people who used the service and 10 relatives, about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records and a range of people's medication records. We looked at 6 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits, were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management

At the last inspection we made a recommendation that the provider updated their systems to ensure risk was assessed and mitigated effectively. At this inspection, we found that some improvements had been made and risks to people had been assessed. However, further improvements were required.

- Risks to people were assessed and measures were in place to mitigate identified risks, however records did not always reflect these were adhered to. For example, repositioning records had not been completed on the morning of the inspection, although staff told us the support had been provided.
- Although most care plans were detailed and provided information regarding people's needs and preferences, some required further review to ensure consistent and detailed information regarding people's needs was reflected, such as how often their weight or blood sugar should be monitored.

We recommend the provider reviews and updates its practices to ensure identified risks are mitigated and actions taken are recorded robustly.

- Personal Emergency Evacuation Plans (PEEP's) were in place to ensure staff knew what support people required in the event of an emergency.
- When people required specialist mattresses to support their skin integrity, we found that these were set at the correct setting for each person.
- Regular internal and external checks were made on the building and equipment to ensure safety.

Using medicines safely

At the last inspection we found that medicines were not always managed safely, and the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made and the provider was no longer in breach of regulation 12, but continued improvements were required.

- Systems were in place to manage medicines safely but could be further improved.
- There were protocols in place when people were prescribed medicines 'as and when required' (PRN). However, some required further detail to ensure people would always receive them consistently and when needed.
- When people required their medicines to be administered covertly (hidden in food and drink), appropriate

agreements and assessments were in place. However, one person's care plan required further detail to ensure all staff knew how to administer the medicines in a person-centred way. The registered manager provided an updated care plan before the end of the inspection.

- Medicines were stored securely in locked trolleys, within a locked clinic room that had the temperature monitored to make sure medicines were stored at the manufacturer's recommended temperature.
- Medicines were administered by staff who had undertaken training and had their competency assessed to ensure they could administer medicines safely. Accurate records of administration were maintained, and people's allergies were reflected appropriately.
- People told us they received their medicines when they needed them. One person said, "I receive my medication from the nurse; if I need pain relief I just have to ask, and they give it to me."

Staffing and recruitment

- Systems were in place to recruit staff safely, but these measures were not always adhered to.
- Records showed that all staff had undertaken a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. However, some staff records showed gaps in their employment history and not all staff had references from their last employer as required. The registered manager took action to address this straight away.
- There were enough staff available to support people in a timely way. A dependency tool was used to help determine the required number of staff and rotas showed these levels were consistently maintained. Agency staff were utilised safely to achieve this when necessary.
- People and their relatives told us there were enough staff available when they needed them, and they did not have to wait long for support. Their comments included, "There is always staff around who are more than happy to talk to me and give me update" and "The staff make time to talk to me and there are always staff around if I need them."

Preventing and controlling infection

- Effective infection prevention and control measures were in place, and these were reflected within the providers policies.
- We were assured that the provider was supporting people living at the service, and visitors, to minimise the spread of infection. There were adequate supplies of personal protective equipment (PPE) available for use when required.
- We were assured that the provider was admitting people safely to the service.
- The home was clean and well maintained and the provider was promoting safety through the layout and hygiene practices of the premises. There was a structured cleaning programme in place and records reflected this. One person told us, "My room is immaculate, and the home is clean and tidy. The cleaning staff do a deep clean once a month."
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and they responded effectively to risks and signs of infection.

Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance.

Learning lessons when things go wrong

- Systems were in place to help ensure lessons were learnt from any accidents or incidents that occurred.
- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety. Accidents and incidents were reviewed regularly to look for any potential trends and help prevent recurrence.

- Records showed that appropriate actions were taken following any incidents and medical advice was requested in a timely way when needed.
- Staff looked for any lessons that could be learnt after each accident, incident, or safeguarding concern, and these were shared with the staff team.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.
- A safeguarding policy was in place; staff had completed relevant training and knew how to raise any safeguarding concerns. Referrals were made to the Local Authority safeguarding teams appropriately.
- People and their relatives told us they felt the home was safe. Their comments included, "The care is excellent here and I am 100% safe and grateful for the care I receive" and, "I feel totally safe as they know what they are doing" and "they are very gentle and know what they are doing which makes me feel safe."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Procedures were in place to seek and record people's consent, but these could be further improved.
- When there were concerns about a person's capacity to consent to a specific decision, mental capacity assessments were completed, and best interest decisions made. However, records regarding best interest decisions did not always reflect who had been involved in the decision-making process. The registered manager told us this was an area they had already identified for improvement and had begun seeking support on ways to improve.
- Systems were in place to ensure DoLS applications were made appropriately, and that oversight was maintained. Conditions applied to the DoLS we reviewed, had been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home, usually by a 'trusted assessor'. A trusted assessor carries out assessments of people's needs in hospital, on behalf of care homes, to establish whether their needs could be met in the care home.
- Care plans were developed to guide staff how to meet people's needs appropriately.
- Good practice guidance documents were available, to ensure care was planned and provided in line with best practice, guidance and the law.
- A range of policies were in place to support staff in their practice.

Staff support: induction, training, skills and experience

- Staff were trained and supported in their roles appropriately.
- Staff told us they were well supported, received regular supervisions and an appraisal and had access to a wide range of training. Staff were able to ask for any additional training they felt would be beneficial. One staff member said, "If we asked, the training would be considered and sought."
- There was training to ensure staff had the knowledge to meet people's individual needs, including their medical needs.
- New staff completed an induction to ensure they had the necessary knowledge and skills to support people safely.
- People and their relatives felt staff had the knowledge to meet their needs. They told us, "The staff are always willing to help me I have total confidence in their ability, they know what they are doing" and, "The staff are well trained and their knowledge on how to care for people with cancer is very good they are very supportive" and "The staff are well trained and confident."

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

- Systems were in place to ensure people's dietary needs and preferences were assessed, monitored and met.
- Risk assessments were completed, and people had their weight monitored regularly. Referrals were made to relevant professionals, such as the dietician or speech and language therapy team when required, and their advice was included within people's plans of care.
- Staff were aware of people's dietary needs and preferences and catering staff also had this information and ensured these needs were met.
- People told us they had enough to eat and drink and enjoyed their meals. They said, "The food is good and you get a choice of two options if you don't like what's on the menu, they do their best to accommodate you" and, "The food is good and healthy and you get choices" and, "The food is excellent, my loved one is vegetarian, and they cater for their needs. The food looks appetising" and "Food is pretty good and get plenty of snacks homemade cakes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to live healthier lives, access healthcare services and support

- Effective working relationships had been developed with other agencies to make sure people received all the care and support required to meet their needs.
- Referrals were made to other healthcare professionals appropriately and their advice was included within people's plans of care.
- A visiting healthcare professional told us referrals were made to them appropriately and in a timely way and staff were knowledgeable about people's needs.
- People told us they could see a doctor when they needed to. Their comments included, "The doctor visits the home weekly, and I am involved in my own care plan" and "The GP visits me regularly and the GP will call in if I ask the staff to get hold of them."
- Relatives told us they were kept informed of any changes in their loved one's health and wellbeing. They said, "I am involved in the care plan and kept informed of any medical changes" and, "The GP visits regularly and the staff ring me straight away if they have any concerns."

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

- The premises had been adapted and decorated to meet people's needs and provide a safe environment. Corridors were wide and well lit, with handrails to support people's mobility.
- Equipment such as hoists and bathing aids were available to meet people's needs.
- People's rooms were personalised with items of their choice. One person told us, "The room is

personalised, and the management have made the bedroom into a sensory room with coloured lights and sparkly paint."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we made a recommendation that the provider reviewed practices to ensure systems in place to monitor the quality and safety of the service are robust and effective. At this inspection we found that improvements had been made.

- Effective systems were in place to monitor the quality and safety of the service.
- A range of audits were in place that covered all aspects of the service and were completed regularly. When issues were identified, there was evidence that actions had been taken to address them. However, increased monitoring of care records would help to improve the quality of their completion.
- The registered manager had developed a system of new audits and delegated them between the management team, whilst ensuring they maintained oversight of the findings.
- There was evidence of provider oversight, with regular meetings and reports between the registered manager and Chief Executive Officer (CEO). The CEO was also based within the service, so was visible and accessible to staff and others if required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service and person-centred care was planned and provided with the involvement of people and their relatives, to ensure their outcomes were met.
- People and their relatives told us the home was well managed. Their comments included, "I have seen many an improvement since the new [registered] manager has joined the home. The staff are approachable and listen and are helpful and aim to please" and, "The [registered] manager is very approachable and treats me like I am family" and "Things have improved under the new [registered] manager, they have good leadership, are welcoming and act on feedback. Communication is very good."
- Feedback regarding care and support provided to people was overwhelmingly positive. We were told, "The home excels in the care they provide. The staff are very patient and appear to enjoy their job. I would definitely recommend the home and do not want my loved one to go anywhere else. I would rate them 10/10" and, "From the moment we walked in we were made to feel welcome, and the home felt right" and "The home excels in the care they provide the staff are very patient and appear to enjoy their job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 aware of the responsibilities of their role and had notified CQC of events and incidents providers are required to inform us about.
- Ratings from the last inspection were displayed as required.
- The registered manager understood and acted on the duty of candour, they were open and honest with people, their family members and relevant others about things that had gone wrong.
- The registered manager took action to address any areas of improvement highlighted during the inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and management team liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support.
- Systems were in place to gather feedback from people, staff and relatives, including meetings, forums and newsletters. Records showed people had the opportunity to share their views. A relative told us, "If the relatives raise anything, the issues are actioned."
- A complaints policy was available and displayed within the home and people knew how to make a complaint if they needed to.
- Staff told us they could raise any issues with the registered manager and knew they would be listened to. One staff member told us, "I don't think I have ever had such a nicer place to work in a long time."