

South Coast Care Homes Limited

Elton Park Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elton Park Care Home is a residential care home providing accommodation and personal care for up to 35 people. The service provides support to older people in one adapted building over 2 floors, the ground floor and first floor. Only the ground floor was being used when we inspected. There was another floor which was used for offices. At the time of our inspection there were 12 people using the service, some people were living with dementia.

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

Since our last inspection the registered manager had left the service. There had been another manager in post who had also left. At the time of our inspection the service was being managed by a manager from another of the provider's locations. The provider was actively recruiting to the manager post.

We received positive feedback about the manager and how improvements were being made. The provider and manager understood the improvements needed and there was an action plan in place which was kept under review. Not all of the improvements had been fully implemented and embedded in practice. For example, the records maintained to show the support people received on a daily basis had improved but still needed further work. Systems put in place to learn lessons had not been effective to reduce future risks. We were assured this had now been addressed.

Systems were in place to assess and reduce the risks of abuse and avoidable harm. Improvements had been made and needed to be sustained. Staff were available when people needed them, and staff were recruited safely. We have recommended the provider keep the staff levels under continuous review, when more people move into the service and people's needs change. People were provided with the medicines when needed and audits were undertaken to identify shortfalls and address them.

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 received support from staff who were caring and who promoted their choice, privacy and independence.

Improvements had been made in the provision of staff training and these were ongoing.

A programme of redecoration was being undertaken. The service was visibly clean and infection procedures followed. People were supported to have visitors which reduced the risks of isolation.

People's care records identified the care and support required to meet people's assessed needs. This included people's end of life decisions. People were supported to access health professionals where required. People's dietary needs were being assessed and met. There was a programme of activities to reduce the risks of boredom.

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 inadequate (published 15 September 2022) and there were 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 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 seek guidance and advice relating to people with choices of meals which could be understood. At this inspection we found the provider had acted on the recommendation and improvements made.

This service has been in Special Measures since 15 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 02 and 03 August 2022. Breaches of legal requirements were found in relation to safe care and treatment, the need for consent, good governance, staffing and safeguarding service users from abuse and improper treatment. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. The provider is no longer in breach of regulations, however, not all improvements had been fully implemented and embedded in practice. Therefore, there were still improvements needed. Please see the safe and well-led sections of this full report.

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

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Elton Park Care 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

The inspection was undertaken by an inspector.

Service and service type

Elton Park 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. Elton Park is a care home without 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 not a registered manager in post. The previous registered manager deregistered on 10 February 2023. The service was being managed by a manager from another of the provider's services, recruitment was ongoing for a permanent manager.

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 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 4 people who used the service and observed the care and support provided, such as in the communal areas, during lunch and medicine administration. We spoke with 6 staff members including the manager, senior care, care and catering staff. We also spoke briefly with the deputy manager. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed 3 people's care records, medicine records, 3 staff personnel files, training records and records associated with the governance of the service including audits, complaints and health and safety checks.

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 inadequate. At this inspection the rating has changed to 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff members on duty to meet people's needs and keep them safe. This was a breach of regulation 18 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 18. However, the provider needed to ensure improvements were sustained and embedded in practice.

- There was now a dependency tool in place, which was used by the manager to calculate to numbers of staff needed to meet people's needs.
- During our inspection visit we saw staff were visible in communal areas and were attentive to the needs of people using the service. Staff had time to speak with people and provide social engagement and they responded to requests for assistance promptly.
- Improvements had been made in the staffing levels, including care, catering and domestic staff. There were 2 staff working at night, with an additional staff member who slept in for part of their shift but was available if needed. We were told by management, when more people started to use the service, the partial sleep in shift would be transitioned to a full waking night shift staff member.

We recommend the provider keep the staffing levels under continuous review and respond when more people move into the service and/or people's care needs increase.

- Records demonstrated staff recruitment was done safely and the appropriate checks were made before staff started working in the service. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to assess, monitor and mitigate risks of abuse. This was a breach of regulation 13 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 13. However, the provider needed to ensure improvements were sustained and embedded in practice.

- Systems were in place to reduce the risks of abuse, including staff training and policies and procedures. Improvements had been made since our last inspection, in the provision of safeguarding training to staff. Staff confirmed they were aware of how to report abuse.
- Concerns were being identified and reported appropriately relating to the risks of abuse. The service had accepted support from social care professionals to reduce the risks to people.
- There was a much calmer atmosphere in the service and people told us they felt safe. We saw people were comfortable in their surroundings, moved freely around the service and interacted with each other and staff, which demonstrated they felt safe to do so.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, including in relation to infection control. This was a breach of regulation 12 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 12. However, the provider needed to ensure improvements were sustained and embedded in practice.

- People's care records now included risk assessments which identified how risks were mitigated. The electronic care planning system did not lend itself to detail how risks were mitigated in the risk assessment section, however, this was included in the care plans and available for staff guidance.
- Risks to people were being assessed and systems in place to reduce them. There were environmental risks assessments in place, including a risk assessment relating to the stairs. All people were accommodated on the ground floor of the service, at the time of our inspection visit.
- Checks on equipment and the environment reduced risks, such as checks on fire safety, legionella and mobility equipment.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service followed current government guidance relating to visitors.
- People told us their relatives visited them.

Learning lessons when things go wrong

- The systems of learning lessons and reducing repeated incidents had not been robust. Prior to our

inspection, we had been notified of an incident and measures in place to reduce them happening again. However, we were concerned because another similar incident had occurred which demonstrated the system implemented had not been robust.

- The manager provided assurances and told us how actions had now been taken, including disciplinary action, training and advising staff on their responsibilities in meetings and notices posted in the service. This needed to be sustained and embedded in practice going forward.
- Incidents and accidents, including falls, were analysed and systems implemented to reduce the risks to people.

Using medicines safely

- The system for auditing and monitoring medicines had improved to support the management team to identify any shortfalls and address them. Records showed actions were taken appropriately where errors had happened.
- Staff who were responsible for administering medicines had received training and their competency checked.
- Records showed people received their medicines when needed. Where medicines were prescribed to be given as required (PRN), protocols were in place to guide staff when these should be given. This reduced the risks of inappropriate administration.
- We observed part of the medicine administration and found this was done safely. A person told us how the staff member who was supporting them with their medicines was, "Very good, they know how I like it." The staff member asked their permission to support them and took guidance from the person in how they were given their medicines which respected their independence and choice.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff were provided with the training they needed to meet people's needs effectively. This was a breach of regulation 18 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 18.

- Improvements had been made in the training staff were provided with, which was ongoing. This included training such as moving and handling, safeguarding and training in people's diverse needs, including dementia, equality and diversity, autism, and awareness in mental health and learning disability.
- Staff told us they felt they had been provided with the training they needed to meet people's needs, including an induction.
- Improvements had been made in the provision of staff induction, which provided staff with a forum to discuss their concerns and receive feedback on their practice.

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.

At our last inspection the provider had failed to evidence people's capacity to make their own decisions had been assessed and to ensure people's consent was being sought and documented. This was a breach of regulation 11 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 11.

- Improvements had been made in care records relating to their background, how they wanted to live their lives and their capacity to consent.
- Records demonstrated people had consented to care. People told us staff asked for their consent before providing support and we observed this in practice.
- Improvements had been made in the training provided to staff in MCA and DoLS.
- Where people lacked capacity, DoLS referrals had been made. Records showed these were kept under review and reapplied for when required.

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

At our last inspection we recommended the provider seeks guidance and advice relating to providing people, specifically people living with dementia, with choices of meals, which can be understood. The provider had made improvements.

- We received positive feedback from people about the food and choices provided. A person told us how they liked eggs in the morning, and these were provided and cooked in the way they preferred. One person said about their lunch, "It was nice, I enjoy my food."
- People were offered choices, and these were respected. A person had not eaten much of their main meal. This was seen by staff who offered alternatives, but the person refused and said, "I have eaten all I wanted." They accepted and ate their desert. Lunch was calm, and people chose where they wanted to sit. Staff were visible and offered assistance where required.
- A member of the catering staff explained people's specific dietary needs and how these were provided. This included softer, diabetic and fortified diets. The staff member told us the highest rating had been achieved from a local authority food hygiene inspection carried out in February 2023, records confirmed this.
- During our visits, we saw people all had drinks and were encouraged to drink by staff. One person said, "They keep my drinks topped up and keep reminding me to drink."
- Records for how much people had to drink each day had improved, but some days they were below their suggested target. The manager was aware, and we saw records where staff had been advised to ensure improvements in the records were being made and sustained.

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

- Improvements had been made in the assessment process prior to people using the service. Needs assessments were undertaken by a member of the management team with the input of people and their representative, where appropriate.
- Needs assessment were used to inform care planning and risk assessments and these were kept under review.
- Policies and procedures included good practice guidance, such as National Institute for Health and Care Excellence (NICE).

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

- Records demonstrated referrals were made to health professionals when there were concerns about people's wellbeing, such as the GP and dietician. Outcomes of professional's involvement and guidance were incorporated into care plans, so staff received guidance in changes in people's care needs.

- A weekly ward round was provided by the GP surgery. If people required to be seen outside of the ward round, referrals were made. A person told us, "They [staff] get the doctor in if I need to see [them]."
- Guidance was provided to staff in people's oral care needs and records showed people were supported. However, some daily notes stated people were supported with personal care but did not always specify the support provided. The manager was aware, and improvements were being implemented. A person told us how they received support with their personal care needs, including with their teeth, "They [staff] look after my teeth and help me clean them every day."

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

- People were accommodated on the ground floor of the service, at the time of our inspection visit. There was an ongoing redecoration programme being undertaken.
- There was signage, such as bathrooms, in the service which assisted people to independently move around. Since our last inspection, the memory boxes outside people's bedrooms now held a photograph of the person which assisted them to find their bedrooms. The manager told us further work was planned for people to choose items of memorabilia they wanted in the boxes.
- As well as people's personal bedrooms, there were shared areas including lounges and a dining room, which we saw people accessing and moving around freely. A person told us they liked their bedroom and enjoyed sitting in the lounge. Another person sat at a chair in the window, they smiled and nodded when we talked about how they could watch people come and go into the service.
- Since our last inspection the smoking area had been moved from outside the back door to a newly built smoking shelter, which we saw people using. There was seating outside which people could use when they wanted to.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 the staff treated them with respect and kindness. This was confirmed in our observations. A person talked about staff and said, "I have made lots of nice friends here," and explained how all staff including care, catering and domestic staff treated them with kindness, "[The domestic] always gives me a wave and asks how I am, they are a nice [gender of care staff]. They always leave things in my room how I like them."
- Staff spoke with and about people in a compassionate and caring way.
- People's care records included their diverse needs and how they were met, including their history and how they wanted to live their lives. Staff received training in people's diverse needs, including equality and diversity.

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

- People told us they chose what they wanted to do, and this was respected. This included when they wanted to go to bed, get up in the mornings and what they wanted to eat.
- We observed staff respecting people's decisions, including where they wanted to sit and how they wanted to spend their day.
- A person's care records showed how they preferred to dress each day and what footwear, if any, they wore. We observed the person dressed as identified in their care records, which demonstrated their choices were sought and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy, dignity and independence was respected.
- We observed a person being supported by staff to move to an armchair using mobility equipment. Staff encouraged the person to be involved in the process and ensured their clothing was adjusted to respect their privacy and dignity.
- We saw staff respected and promoted people's independence during mealtimes, when mobilising and when being supported with their medicines. A person told us how the staff encouraged them to help themselves where they could.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Since our last inspection improvements had been made. We observed staff were visible in the service and there were enough of them to respond to people's requests for assistance and to spend time with people.
- A person told us staff had time to chat with them and when they needed assistance, such as when they used their call bell, staff were available. A person told us how the staff always made sure they had access to their spectacles and staff cleaned them daily, which they liked.
- Improvements had been made in care plans, which included information about people's specific needs and how their conditions affected their daily living. People's records included information about the areas of their care they could attend to independently and how this should be respected.
- There were ongoing improvements being made in the daily records maintained. We saw they varied in quality, some did not describe the personal care support provided or how people had presented, when others did. The manager was aware and assured us how ongoing support and guidance was being provided to staff. From feedback received from staff and people using the service we were assured people were receiving support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records identified how they communicated and guidance for staff in how to communicate effectively with people.
- The manager told us, where required, documents could be provided in accessible formats, including larger print.

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

- Since our last inspection, a staff member responsible for coordinating activities had been employed.
- An activities programme was in place and people told us they felt they had things to do. The activities staff member was off work on the day of our inspection visit. However, we saw staff engaging with people on a one-to-one basis.
- A person told us how the staff spent time with them, showed us their puzzle book which they enjoyed, and

explained how a visiting entertainer had been the day before and got people singing. They said, "I think [the entertainer] has been practicing, they were better yesterday, their eyes nearly popped out of their head when I gave them a clap."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which described the actions that would be taken when a complaint was received. Notices were displayed in the service about how to raise a complaint.
- Complaints were recorded and showed they were investigated, addressed and used to drive improvement.

End of life care and support

- Since our last inspection, improvements had been made in the provision of staff training in end-of-life care.
- People's care records included the decisions they had made for their end-of-life care, including where they wanted to be cared for and if they wanted to be resuscitated.

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 inadequate. At this inspection the rating has changed to requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 failed to ensure systems were in place or established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 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 17. However, some improvements had not yet been fully implemented, sustained and embedded in practice.

- Since our last inspection the registered manager had left the service and another manager was in place who had left. The service was currently being managed by a manager from another of the provider's locations and the deputy manager. Therefore, there was no registered manager in post.
- The manager and the nominated individual told us they were actively recruiting, with the aim to have a new manager employed, which was right for the service and could continue with the improvements made by the current manager.
- There was an action plan in place, which was monitored and regularly updated. The provider and manager knew what improvements were needed and the management team were implementing the changes.
- The manager and nominated individual understood that the improvements needed embedding in practice and not all improvements were fully implemented. For example, although improvements had been made in daily recording by staff, improvements were still needed. They recognised lessons learned from an incident had not been fully effective and had put measures in place to reduce future risks.
- Audits were being undertaken which supported the management team to identify shortfalls and address them. This included audits and monitoring in people's mealtime experience, call bell response times and medicines.
- We received positive feedback from staff about the new manager, how they were approachable and supportive of staff. Discussions with staff and the manager identified they were committed to improving the service and the experiences of people who used the service.

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

- There was a duty of candour policy and procedure in place, which was understood by the manager and provider and implemented where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us recent surveys had been sent to relatives for those people who did have relatives, but the response was low. In addition, relatives were invited to meetings. The manager told us they spoke with relatives and people's representatives where required.
- We saw records which showed people were asked for their views in meetings and surveys, for example relating to the food provision and the activities. People's views were being valued and used to drive improvement, such as including activities people said they wanted.
- Records showed staff attended meetings where they were kept updated with the requirements of their role, any changes in the service and people's needs and were given the opportunity to share their views and suggest improvements.

Working in partnership with others

- The manager told us they had good working relationships with health and social care professionals.
- The management team had accepted support from the local authority and health care professionals to drive improvement in the service. We received positive feedback from social care professionals about the improvements being made since the current manager was in post.