

Care UK Community Partnerships Ltd

Ellesmere House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ellesmere House is registered to provide accommodation for up to 70 people with personal care and nursing care needs, and at the time of the inspection 65 people were residing at the service. The premises were purpose-built and people were accommodated on four separate units for nursing care and residential care needs. The service supported older people with physical frailties and/or people living with dementia. Facilities for people included communal lounges and dining areas, a cinema room, a passenger lift and sensory gardens.

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

People received effective care that promoted their safety and wellbeing. Their individual needs were assessed before they moved into the service to ensure the care home was suitable. Staff developed care plans in consultation with people and/or their representatives where possible, to ensure people's care and support was person centred. Care plans reflected people's wishes and preferences.

Risk assessments were devised to mitigate identified risks that could impact on people's welfare, independence and safety.

People's rights to be cared for with dignity and privacy were respected by a kind and caring staff team. People and their relatives spoke positively about staff, who knew how to meet people's individual needs. People were supported to meet their healthcare and nutritional needs by staff with appropriate training and guidance.

People were supported by safely recruited staff who had sufficient time to meet their needs. People were cared for by staff who understood how to safeguard people from the risk of abuse and avoidable harm. Staff also received training in the safe management of medicines and how to reduce the risk of infection

People were supported to take part in fulfilling activities and keep in touch with their relatives and friends. People's cultural and religious needs were understood, and they were supported to meet these needs.

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 representatives were encouraged to take part in meetings and/or complete surveys to give their views about the quality of the service. Complaints were managed in an open manner.

The provider had clear systems in place to monitor and audit the quality of people's care and support. Improvements were made in response to any shortfalls the provider identified.

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 04 October 2018) and there was one breach 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service and 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ellesmere House

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 team consisted of two inspectors, a Specialist Professional Advisor and two Experts by Experience. The Specialist Professional Advisor was a registered nurse who worked with older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Ellesmere House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We reviewed the evidence we held about the service. This included the last inspection report, contract monitoring reports from the local authority and any notifications of significant events which the provider is required by legislation to send to us, for example any

incidents when the police were contacted and safeguarding referrals. We also spoke with a quality assurance officer from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with 17 people who lived at the service and seven relatives, as well as 15 members of the staff team. This included health care assistants, staff nurses, unit managers, the activities lead and the chef. Additionally, we met with the deputy manager, the registered manager and the regional manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, which included the care plans and accompanying risk assessments for 9 people. Other records we looked at included accidents and incidents forms, health and safety checks, medicine administration records, menu plans, staff files for recruitment, training and supervision, audits and other quality assurance documents.

After the inspection

We contacted a healthcare professional who had experience of working with the service and received their comments.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from risk of abuse

- People were protected from abuse and avoidable harm. Staff received safeguarding training, which was regularly refreshed. They knew how to escalate any concerns about people's safety to their line manager and how to whistleblow to external organisations, if necessary. A whistleblower is an employee who reports certain types of wrongdoing at their workplace.
- People and their relatives told us they thought good systems were in place to promote their safety and security. Comments included, "Yes, nothing has happened that makes me feel unsafe" and "very safe, the security system is extremely good."

Assessing risk, safety monitoring and management

- Risk assessments had been developed to identify individual risks to people's safety. Risk management guidance was in place within people's care plans to promote people's safety. The staff we spoke with told us the actions they took to protect people from harm. For example, people were provided with sensor mats if they were at risk of falls, in line with guidance from external healthcare professionals such as physiotherapists and occupational therapists.
- Staff had received fire safety training to safely support people in the event of a fire. Individual emergency evacuation plans had been devised for each person living at the service, so that staff had suitable guidance to follow.
- Comprehensive systems were in place to check the safety of equipment, for example hoists were professionally serviced by external contractors and routinely checked by the service's maintenance staff. Checks were also carried out to ensure the people were provided with a safe living environment, including hot water temperature checks.

Staffing and recruitment

- People received their care and support from safely recruited staff. The provider conducted detailed pre-employment checks to make sure prospective staff had suitable experience and backgrounds to work with people living at Ellesmere House. This included Disclosure and Barring Service (DBS) checks, which helps employers to make safer recruitment decisions.
- People and their relatives told us there were sufficient staff deployed to safely meet their needs. We observed that people's requests for support were met without excessive delays and staff had time to chat with people after essential tasks had been completed. Staffing levels were kept under review to ensure they met people's dependency needs. The provider carried out audits to check whether people's call bells were responded to in a timely manner.

Using medicines safely

- Robust and well-organised systems were in place to ensure people received their medicines safely. People commented, "Yes, I get help with my medicines and I get them on time" and "I manage my meds with the exception of [name of medicine]." Where medicines were administered covertly, records showed that staff adhered to the necessary protocols to ensure people's rights were upheld.
- Staff assigned to support people with their medicines received training and their competency was regularly assessed. The management team carried out audits to ensure that staff correctly followed the provider's medicine policy and procedures.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify if there were any emerging trends that needed to be addressed. Areas of concern were discussed by staff at regular clinical governance meetings.

Preventing and controlling infection

- People were protected from the risk of cross-infection. We saw that the premises were clean and maintained to a good standard. No unpleasant odours were detected.
- Staff were provided with personal protective equipment, which included disposable aprons, gloves and hand gels. Records showed staff received infection control training and we observed they appropriately used PPE.
- We received concerned comments from relatives and visiting professionals about their sightings of mice within the building. The provider demonstrated they were actively working with a pest control company to eradicate this problem and we noted there was an active treatment plan in progress. The service had successfully adopted a rescue cat and had applied to the same animal charity for another cat to help to deter mice.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider and external health and social care professionals before they moved into the service. These assessments were used to determine whether the service could effectively meet people's needs.
- The provider used a variety of recognised clinical tools to assess people's needs and develop individual care plans, to ensure people's care reflected professional good practice guidance. This included the use of the Waterlow score, to identify people's risk of developing a pressure ulcer.

Staff support: induction, training, skills and experience

- People were provided with their care and treatment from staff with effective skills and knowledge to meet their needs. People and their relatives commented, "I am well looked after here" and "I am so happy with how the staff look after [my family member], the nurses and carers are competent and [my family member] always looks comfortable."
- New staff received induction training for newly appointed staff and care workers were offered an opportunity to undertake the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Staff spoke positively about the quality of their training and the support they received from their line managers through one to one supervision and group meetings.
- The training and development programme for staff was designed to meet the needs of people living at the service. In addition to mandatory training such as food hygiene and moving and handling, other training was focussed on relevant topics. This included dementia care, how to support people with behaviours that challenge, and the prevention and treatment of pressure ulcers.

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

- People received support to eat and drink in line with their known preferences and any assessed dietary requirements, for example diets suitable for people with diabetes and/or people who required a fork mashable diet for mild chewing or swallowing difficulties. We observed that where people required assistance to eat they were supported in a patient and dignified manner. People were offered drinks and snacks between their main meals.
- People and their relatives told us they were satisfied with the food service. Comments included, "Fairly good, it's not always hot", "Absolutely good" and "An offer of two choices are given to us and you have to choose one." We noted the provider was due to launch a new menu programme that aimed to create meals that appeared and tasted more appetising, particularly where people were receiving pureed food. During the inspection people were offered colourful fruit salads, which looked appealing and were presented in manageable portions for people with dexterity problems.

- There were detailed systems in place to assess and monitor people's nutritional needs and identify if they were malnourished or at risk of becoming malnourished. Where necessary, people were monitored closely and/or referred to dietitians and other relevant healthcare professionals. People's care plans also identified if they were at risk of dehydration and needed support and encouragement to have regular drinks. Fluid balance charts were in place to monitor people's intake, where applicable.

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

- People were able to access care and treatment from external healthcare professionals. Care plans showed that staff made timely referrals to professionals, for example occupational therapists, opticians and speech and language therapists.
- People and their relatives stated they were pleased with the way nursing and care staff supported them to meet their health care needs. People and relatives said it was straightforward to see the GP on their visits to the service, but we received some mixed comments about access to podiatry services. We discussed this with the registered manager, so they could check whether any people had not seen a podiatrist as regularly as they required and remedy this if necessary.
- People's oral health care needs were assessed, and their required care was explained in their oral health care plans. Professional dental care and treatment was provided by a visiting dental service.
- Staff received guidance from a visiting psychologist to support people with behaviours that challenged the service.

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.

- We found the provider was working within the principles of the MCA. People's capacity was assessed and reviewed. Staff undertook MCA training and they understood the importance of asking people for their consent before they provided personal care and other support. One person told us, "I choose my own clothes, they seek permission before they carry out personal care."
- The provider sent DoLS applications to the local authority to ensure people's freedoms were not unlawfully restricted. Checks were made by the provider to identify if DoLS authorisations were due to expire, to enable timely liaison with the local authority.

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

- The premises were comfortable, homely and suitable for people's needs, for example corridors were wide and accessible for people who used wheelchairs. There were adaptations in the bathrooms for people with mobility needs. The unit for people living with dementia used signage and contrasting colour schemes to support people to identify useful facilities.
- People had a choice of pleasant communal areas, which included a cinema, hair salon, gardens and a

dedicated activities area. The provider encouraged people to add personal touches to their bedrooms if they wished 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 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 appeared relaxed and at ease with staff, and we observed positive interactions. We saw staff sit down with people and enjoy a joke with them. People and their relatives were complimentary about staff, "They are very polite, they smile and they remember your name" and "There is a lot of humanity, staff are caring, that's not only because of what I see but other families say it."
- We saw a member of staff speak with a person in way that could have appeared as impatient. The senior employee in charge of the unit later provided the staff member with guidance about how to sensitively support people. This was an isolated observation and not typical of the warm and caring interactions seen throughout the inspection.
- Staff received equality and diversity training and relevant issues were discussed in team meetings. People were supported to practice their religious beliefs if they wished to.

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

- People, and their relatives or friends where applicable, were supported to contribute their views to the developing and reviewing of their care plans. People were given information about local advocacy services which could help them express their opinions about their care, if they wished to have this type of support.
- People and their representatives were invited to attend group meetings conducted regularly at the service. These meetings provided people with a forum to inform the management team and other key staff of their views about more general aspects of their care, for example the quality of the food service or the activities programme.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect by staff and their entitlement to dignified care was promoted. We observed that staff understood how to support people respectfully, for example staff did not stand over people when they spoke with them but positioned themselves to soothingly maintain eye contact. One person told us staff had a very courteous approach.
- Care plans showed people were encouraged to remain as independent as possible, which included participating in aspects of their daily wash, or mobilising using their Zimmer frame to preserve the overall health benefits of regular and gentle exercise. A relative told us, "Sometimes [my family member] feeds himself and at times they need support from staff."
- Systems were in place to make sure people's confidentiality was protected. Staff understood their duty to only share confidential information with authorised parties. The secure storage of personal information was in line with legislation.

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 remained the same. 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

- People's needs were regularly reviewed and updated as required. Relatives told us staff spoke with them about alterations to their family member's care plan to respond to a new need or changes in an existing need. One relative stated "If there are any changes I will be consulted." The daily records showed that people's care was delivered in accordance with guidance in their care plans.
- Care plans were personalised and provided staff with guidance about how people wished to be supported. For example, we looked at a care plan which clearly explained how a person wished to be supported to maintain contact with their relative. Another care plan specified that a person liked to frequently attend the hairdressing salon at the service as their personal grooming was important to them.
- We found that new care plans were written without delay if a person developed a new healthcare or personal care need. We looked at care plans for people with a pressure ulcer and found the documentation was sufficiently detailed and up to date to demonstrate the care people had received.

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.

- Staff understood their responsibilities in line with the AIS. People's communication needs were assessed when they moved into the service and were kept under review. The provider was able to produce information in different formats if required, for example large 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

- People were supported to maintain important relationships. Relatives told us they felt welcomed by staff and one relative described the service as being "amazing" not only for their family member but for themselves too.
- People were offered opportunities to participate in a programme of activities and entertainments organised by the activities staff. The activities schedule was designed to meet a broad range of interests, although we noted that a significant number of people enjoyed musical and theatrical events. During the inspection we observed a reminiscence quiz game and a performance by a concert pianist who visited regularly.
- Other activities included a choir for people living at the service, film screenings, local outings to places of

interest and arts and crafts. People could engage in inter-generational art activities with visiting school children. Time was allocated for individual sessions for people who were unable to or did not wish to leave their room. The Red Cross was due to provide a five-week programme of visits for people who remained in their own rooms.

Improving care quality in response to complaints or concerns

- People and their representatives were given clear information about how to informally raise concerns and/or make a formal complaint. None of the people or relatives we spoke with had made a complaint, however people felt confident their complaint would be taken seriously by the provider. Comments included, "I usually express my needs at residents' meetings or talk to the deputy manager" and "I am sure they would listen."
- We looked at a sample of the complaints investigated by the registered manager and noted they were responded to in a professional manner, in line with the provider's complaints procedure.

End of life care and support

- People and/or their chosen representatives were sensitively asked about their end of life wishes and this was recorded in their care plans. We noted that anticipatory medicines had been obtained for a person, to ensure staff could smoothly respond when necessary to their changing healthcare needs. Information in relation to people's resuscitation status was clearly documented.
- Staff received end of life care training and were supported to care for people by external visiting healthcare professionals, for example GPs and palliative care nurses from a local hospice.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to always notify the Commission without delay of the death of service users whilst services were being provided in the carrying on of a regulated activity. This was a breach of regulation 16 of the Registrations Regulation 2009. At this inspection we found the provider was now meeting this regulation.

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 provider sent notifications in a timely way to the Commission, in line with legislation.
- People and their relatives told us they thought the service was well managed. One relative stated there used to be regular changes of manager which was unsettling for people, so they were pleased the provider had achieved a stable management team. Another relative described the registered manager as being "remarkable in her leadership skills" and similar views were voiced by other relatives and members of the staff team.
- The management team carried out a range of thorough audits to check whether people received a suitable standard of care and support. We looked at audits for the management of medicines, health and safety, tissue viability and fire safety. Action plans were drawn up to address any deficits found by the audits and further checks were made before actions could be signed off as completed.
- The registered manager and senior staff at the service demonstrated they understood their responsibilities to act with candour. The provider had transparent processes for investigating and reporting when things went wrong.

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

- The management team had worked well with staff to achieve a positive culture at the service. Relatives commented this was visible when they arrived at the premises and were brightly greeted by staff.
- Systems were in place to promote good communication, for example staff meetings and meetings for people and their representatives. Staff told us the handover meetings between shifts were invaluable as it enabled staff to discuss people's individual needs and allow staff to catch up on important changes they needed to be aware of to achieve good outcomes for people.

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

- People and their relatives reported they felt listened to. There were systems in place to seek the views of people and their relatives. This included sending out surveys and arranging residents and relatives' meetings. The registered manager told us she endeavoured to be as available as possible to speak face to face with people and their representatives if they had concerns or comments about the service, as this meant she could address issues at an early stage.
- Staff spoke confidently about how they liked working at the service. In particular staff stated that they felt positive about making a difference to people's lives and said they felt supported by the provider. We saw that staff were given fulfilling training and development opportunities. For example, staff had taken part in 'Leading with Care' training to enable participants to empower and inspire their colleagues and there were opportunities to qualify as moving and handling trainers.

Continuous learning and improving care; Working in partnership with others

- The management team and other staff were supported to network with colleagues in other similar care homes operated by the provider, which broadened their experience and perspective.
- The registered manager was enthusiastic about initiatives that could improve people's care and had implemented new projects and ideas since joining the service. This included supporting staff to gain the skills to become champions in specific areas, for example champions for dementia care, infection control and continence.
- Since the previous inspection there had been a significant degree of working in partnership with local stakeholders in order to improve the service, for example local authority and healthcare services professionals. We received positive feedback from the local authority in relation to improvements they had observed.