

Anthony Brown

# Elreg House

## 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 caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 19 November 2018 and was unannounced.

Elreg 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 home is registered to provide accommodation and personal care for up to 32 older people, including those living with dementia. At the time of the inspection there were 30 people living at the home. Elreg House is a detached property in a suburban area of Shoreham. It has been adapted and extended from a domestic house. Accommodation is provided over two floors. The first floor can be accessed by a stairlift for those with mobility needs. All bedrooms were single apart from one which could be used as a double. Twenty-four bedrooms had an en suite toilet. People were observed using communal areas, which included a lounge, a conservatory and a dining room. There was a garden with seating for people.

At our last inspection on 22 March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home was found to be clean and hygienic although we identified greater attention to cleaning was needed in two bedrooms where there was an unpleasant odour. The registered manager was aware of this and said action would be taken to address this. We have made a recommendation about this.

The provider ensured safe care was provided to people. Risks to people were assessed and measures taken to mitigate these. The premises and equipment were safely maintained. Checks were made to ensure staff were suitable to work in a care setting. Medicines were safely managed. Incidents or accidents were reviewed and action taken to reduce the likelihood of any reoccurrence. People and their relatives said they were satisfied with the standard of care provided.

The registered manager ensured current guidance and legislation was followed regarding people's care and treatment. Staff were well trained and supervised. The staff felt supported and valued.

People's nutritional needs were assessed and people were supported to eat and drink. People said they liked the food. Health care needs were monitored and referrals made to other services to ensure there was a coordinated approach to people's care. Health care professionals said people received a good standard of care and that the staff worked well with health care services to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion. People and their relatives said they were

treated with respect. For example, one person told us, "The staff are lovely, they are affectionate and always speak to me with respect." Care was individualised and people were able to make choices in their daily lives. People's privacy was promoted.

People received personalised care which was responsive to their needs. Assessments and care plans were comprehensive. People's care needs were reviewed and people, or their representative, were consulted. The provider identified and met people's communication needs. The provider had an effective complaints procedure and people said they knew what to do if they had a concern. Whilst there no people in receipt of end of life care at the time of the inspection the provider had policies and procedures for this. Staff were trained in end of life care. Records showed people's preferences and needs regarding end of life care were assessed and planned for.

The service was well led and provided person centred care. The registered manager was motivated and kept herself and the staff team updated with training and current practice guidance. The provider had a policy statement on promoting equality for all people and staff. People and their relatives' views about the service were sought as part of the provider's quality assurance process. There were comprehensive audits and checks on the quality and safety of the service with corresponding plans to make changes where this was identified. The registered manager was open to making improvements to the service.

Further information is in the detailed findings below.

## 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 has deteriorated to Requires Improvement.

The home was clean and hygienic apart from odours in two bedrooms.

Staff had a good awareness of the need to protect people in their care.

Risks to people were assessed and there were care plans to mitigate these.

Sufficient numbers of staff were provided to meet people's needs.

Medicines were safely managed.

Incident and accidents to people were reviewed and appropriate action taken.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service has improved to Good.

**Good** ●

# Elreg House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2018 and was unannounced. The inspection was carried out by one inspector and an expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 20 people who lived at the home and to eight relatives or friends of people. We spoke with two care staff and the registered manager.

We spoke to a community nurse and a GP who were at the home at the time of the inspection. We spoke to a support worker from the Alzheimer's Society who visited one person on a regular basis. We also received feedback from a local authority commissioning team regarding the quality of the service.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for five people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents, records of medicines administered to people and complaints.

## Is the service safe?

### Our findings

The home was found to be clean and hygienic apart from unpleasant odours in two bedrooms. The odour in one of the bedrooms was also noticeable in adjoining communal areas and was evident in the morning and afternoon. At the time of the inspection the registered manager said this would be addressed. Following the inspection the registered manager confirmed additional monitoring of the two effected rooms was taking place and replacement flooring being considered in one room.

There were systems in place to safeguard people from possible abuse. Staff were trained in safeguarding procedures and knew about the need to protect people who were in their care and for reporting any possible abuse to people. Local authority told us the service took part in the Person Centred Safeguarding Champion programme.

Care records showed risks to people were identified, assessed and recorded. These included care needs such as the risk of falls, the risk of pressure areas developing on people's skin, risks of malnutrition and the safe moving and handling of people. There were corresponding care plans to mitigate these risks. Where incidents and accidents such as falls had occurred, there was a record to show this was thoroughly reviewed and the person's care plan was updated with any changes needed. This was discussed with the registered manager who confirmed they would act on this. Care records showed action was taken when people were at risk of malnutrition and/or dehydration. This included liaison with relevant health care services. Records were maintained of food and fluid intake for those at risk of malnutrition or dehydration and showed food was fortified with supplements and high calorie foods to prevent weight loss.

Health and safety in the home was monitored and checked to a good standard. Daily health and safety checks were carried out as well as servicing by suitably qualified persons of equipment such as the fire safety equipment, fire alarms, electrical wiring, stairlift, gas heating and electrical appliances. Risks of legionnaires' disease was checked by a contractor. Fire alarms and emergency lighting were checked and the fire log book showed there was attention to detail in testing and checking the fire safety in the home. Hot water was controlled by specialist mixer valves so people were not at risk of being scalded by hot water. First floor windows had restrictors so people could not fall or jump out. Each person had a personal evacuation plan so staff knew how to support people to evacuate the premises in the event of an emergency. The staff were trained in fire safety.

The service provided sufficient staff to meet people's needs. The registered manager used a dependent assessment tool to indicate the number of staff hours per day each person needed to support them. The staff rota was based on this. From 8am to 8pm there were between six and seven care staff on duty. Night time staffing consisted of two care staff. We observed there were enough staff to meet people's needs. People, their relatives, visiting health professionals and staff also considered there was sufficient staffing.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff

to work with people in a care setting.

Medicines were safely managed. Records and medicines stocks showed medicines were administered to people as prescribed. Medicines were safely stored.

Staff were trained in food hygiene and infection control. Staff were observed to use protective clothing and disposable gloves to help the spread of possible infectious diseases.

# Is the service effective?

## Our findings

The registered manager promoted a culture of staff learning and kept herself and the staff updated with current guidance and legislation. For example, there was a notice board for staff with publications on recent guidance regarding the Accessible Information Standard (AIS) and the Mental Capacity Act 2005 as well as a notice about staff training workshops. Information technology was available for staff to use with people to assist interaction with people.

People and their relatives said they were satisfied with the care and support provided by the staff and management team. Health care professionals also told us staff were good at meeting people's needs well.

Staff told us they were supported to attend a range of relevant courses in the provision of care such as the moving and handling of people, medicines management, care planning and dementia. The registered manager monitored staff training and when training needed to be updated. Staff were also trained in nationally recognised courses such as the National Vocational Qualification (NVQ) or Diploma in Health and Social Care. Six of the 22 care staff had a NVQ or Diploma in Health and Social Care at levels 2 or 3. A further two staff were completing this training. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager was trained at level 5 in the Diploma in Leadership and Management in Social Care.

Newly appointed staff confirmed they received an induction which involved 'shadowing' more experienced staff as well as training. Newly appointed staff were supported with an induction which involved a period of 'shadowing' other staff. This also involved enrolment on the Care Certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Staff received regular supervision and appraisal of their work which included observations by the registered manager of their competencies.

People were supported with food and drink. People told us they liked the food. For example, one person said, "The food is yummy. I enjoy every meal I am given." We observed the lunch in two dining areas. People were offered a choice of food. The meal was unhurried and people were given time to eat. Staff monitored people eating and provided support when this was needed.

The provider and staff worked well with other organisations to provide a coordinated approach to care. Two visiting health care professionals said referrals were made to them when needed and that the staff worked well with them to ensure good joint working to meet health care needs. Health care needs were assessed, monitored and recorded. People had regular health checks.

The premises were well maintained and adapted for the people who lived there. The communal areas were brightly decorated and included displays of art work by people and other displays to stimulate and interest

people. There was a notice board of daily activities and notice board with a large clock, the day, date, season and weather to help people who were living with dementia. There was a small picture box outside each bedroom door with a photograph of the person to help them identify their bedroom. People's bedrooms were personalised with their own belongings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care records showed people were consulted about their care and had signed their care plans where this was possible. We observed staff sought people's consent before assisting them.

The provider carried out mental capacity assessments where this was needed. These were comprehensive and covered a range of areas where capacity to consent to care was assessed. Where people did not have capacity to consent to their care and treatment, appropriate action was taken for a DoLS application.

## Is the service caring?

### Our findings

People were treated with kindness and respect. People and their relatives said staff treated people well. For example, one person told us, "Staff are very nice and kind." Another person said, "I love it here. I chose Elreg House because I needed to be cared for and decided this was the place for me. It's friendly and sociable and like home. I have a very nice room, I am happy."

We observed staff spoke to people in a friendly and polite manner. We also observed staff responded well to people who were living with dementia and needed support when they were distressed or confused. Staff demonstrated they had values of treating people equally, and with empathy. Staff also said they treated people in the same way they would treat a family member. One staff member for example told us, "It's a family home. People come in frightened but soon settle. We sit and talk to them to reassure them. We are patient with residents." A visiting professional support worker told us the care and support was good because it was like living at home without rigid rules and had a family feel. The provider had a dignity statement regarding people being treated with dignity.

The care plans were person centred and individualised to show the care each person needed. Details about people's life histories were included in care records so staff knew their background. Care plans included details about people's dementia and behaviour as well as ways to support people with these needs. People were able to make choices in their daily lives which was reflected in the care plans. People and their relatives confirmed choices were available to people, such as when people wished to go to bed. We observed people were able to exercise choice in meals and joining in activities. A relative told us staff helped people to be independent by encouraging people to make choices.

People were consulted about their care and records showed people were assessed regarding their consent to agreeing to personal care. Care records also showed people's wishes were considered. Access to advocates was facilitated for people such as when people did not have capacity to consent to their care.

People and their relative's felt that dignity and privacy was promoted. Staff were observed to ensure they respected people's privacy by knocking on people's doors before entering. Staff gave examples of ways they promoted people's dignity and privacy when providing personal care.

## Is the service responsive?

### Our findings

People and their relatives told us the provider ensured people's needs were met. One relative, for example, described the support provided by the staff had led to significant improvements in their relative's physical health.

Care records showed people's needs were assessed to a good standard with care plans on meeting people's needs. Pre-admission assessments were also carried out so the provider could be sure if the person's needs could be met. There was a document called, 'A Day in the Life,' which gave details about relevant social events and personal history so staff could know them better. There was an abbreviated care plan so staff could quickly check what support the person needed. There were daily records of personal care provided to people regarding nail care, bath, shower, washing, ears, hair and continence. People's daily routines were recorded and reflected people's preferences. Daily records were maintained which showed people's needs were monitored. People had a 'Hospital Passport' so information could be passed to the hospital staff. Care records were checked and reviewed on a regular basis.

Activities were provided on a daily basis to engage and interest people. An activities programme was displayed in the home. A visiting health care professional said the provision of activities for people was good and people appeared to enjoy them. Activities included arts and crafts, cake decorating, tea dances, films, quizzes and entertainment from visiting musicians. On the day of the inspection we observed a quiz taking place in the morning and lively entertainment from a musician in the afternoon which people enjoyed and joined in with.

We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. The registered manager had guidance for staff on the importance of the AIS. People's communication needs were assessed and staff had a good knowledge of how to communicate with people.

The provider had an effective complaints procedure. The procedure was displayed in the hall. People and their relatives said they had good communication with the registered manager and that they knew how to raise any concerns. The provider had an effective complaints procedure which was displayed in the hall. The provider informed us five complaints had been made in the 12 months prior to the inspection. Records showed these were logged, investigated and a response made to the complainant.

At the time of the inspection there no people in receipt of end of life care. Staff were trained in procedures for supporting people at the end of their lives. A health care professional said the staff provided a good standard of end of life care, which meant people had a, "dignified death." People's preferences for their end of life care were recorded. Where end of life care had been provided in the past we saw the care plans were of a good standard and reflected people's wishes.

## Is the service well-led?

### Our findings

The service was well led with a culture which promoted staff learning and development as well as person centred care. The registered manager was motivated, open and transparent to making improvements if there were any mistakes. The registered manager was also committed to the continuous improvement of the service. Health care professionals were positive about the leadership of the service and said the registered manager knew exactly what was going on at the home. One professional said the registered manager had made a huge difference to how the service was run as well as having a good manner with people. We observed the registered manager was proactive in how the service ran. Staff said they felt supported by the registered manager.

The provider had statements on its values of treating people with dignity and respect and these values were reflected in how people received a service. For example, we saw handouts were given out at staff meetings regarding treating people with values of patience and a kind manner.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a system of management structure and delegation of senior care staff. A health care professional said there was always a member of staff with a lead responsibility they could speak to in the absence of the registered manager. Certain staff also took a lead responsibility for coordinating areas of staff practice and development such as in safeguarding, infection control, nutrition and person-centred care.

Surveys were used to gain the views of people and relatives about the standard of care. People were asked to give their views on the activities also. Pictorial diagrams were used to help those living with dementia understand the questions. Records of residents' meetings were recorded and showed people were encouraged to express their views about the service.

Audits and checks were carried out regarding infection control, the safe management of medicines, laundry services, accidents, care plans and health and safety. There were actions plans where it was noted changes or improvements were needed.

Records were well maintained and were secure and confidential. The provider was aware of the recent legislation regarding access and retention of personal data on staff and people called General Data Protection Regulation (GDPR), which was effective from 25 May 2018.

The provider and staff worked in partnership with other agencies to ensure a coordinated approach to care. A local authority commissioning team told us, "The manager will ask for support or advice if required. She takes all advice given and acts upon it. She is keen to work with the council. "