

Deverill Estates Limited

# Elroi Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elroi Manor is a residential care home and was providing personal care to 24 people at the time of the inspection. The service can support up to 27 people. Elroi Manor provides accommodation across two floors. The ground floor is split into two sections called Lotus and Lily. Each section had private bedrooms, communal shower rooms and toilets. People can access one of three lounges, one large and two smaller, there is a large dining area located adjacent to the kitchen, and a smaller dining area in Lotus section. The ground floor has a kitchenette, indoor gardening room with raised flower beds and level access through the conservatory leads to a smoking area and extensive grounds. The registered manager's office is located a short walk from the entrance.

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

Areas in the home were visibly dirty and had not been adequately maintained. The laundry room was being used to store soiled bedding close to freshly laundered items. We observed two staff members wearing their personal protective equipment (PPE) incorrectly. The provider was using generic COVID-19 risk assessments and so could not be sure of peoples' individual risks in relation to COVID-19. One person who exhibited inappropriate behaviour to others living in the home, did not have a robust risk assessment and care plan to guide staff about how they should keep people safe. When the service experienced an outbreak, the deputy manager isolated with people to help prevent the spread of COVID-19.

Provider checks had not always identified shortfalls, errors and omissions we identified during our inspection. Staff spoke positively about the registered manager, deputy manager and there was a clear staffing structure. Staff and the management team provided person-centred care and we received positive feedback from professionals about care provision and partnership working. The registered manager had a vision for the future of the service and lessons were learned when things went wrong. The provider sought feedback and used different methods to communicate with stakeholders. Statutory notifications were submitted in line with requirements.

There were sufficient numbers of suitably qualified staff deployed across the service and staff were employed safely. The provider worked with the local authority safeguarding team when the need arose, and staff spoke confidently about how they would protect people from abuse. Medicines were stored, managed and administered safely.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 9 August 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about how the provider was facilitating visitors into the home during the COVID-19 pandemic. A decision was made for us to inspect and examine those risks.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

### Enforcement

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elroi Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Elroi Manor

## 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.

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 team was made up of an inspector, assistant inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Elroi Manor 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.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager, domestic staff, and the kitchen assistant.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We received feedback from two professionals and spoke with seven staff and three relatives.



# 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 now deteriorated 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.

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

- The provider was not always working in ways that helped to prevent the spread of infection.
- Areas in the home had not been adequately maintained, were unclean and looked visibly dirty. For example, there was black residue in a communal shower room, worn paint on doors and stained ceilings in communal areas. One staff member said, "The environment is tired. They are making improvements, it's tired and needs revamping." The provider's failure to adequately maintain and clean the home meant people were at risk from the spread of infection.
- The provider was not operating the laundry in line with published guidance. For example, laundered items were not stored in a designated area that would not be used for other purposes. This posed a risk from cross-contamination.
- The provider was not consistently undertaking person-centred risk assessments which placed people at risk of harm.
- The provider failed to undertake individualised risk assessments in relation to COVID-19. Generic COVID-19 risk assessments, which did not consider peoples' specific individualised risks, were being used at the time of our inspection. For example, one person had complex health needs. However, the generic COVID-19 risk assessment did not include information about levels of risk in relation to these comorbidities, or any associated actions to mitigate these risks. This meant staff and the provider would not always be aware of levels of risk and the measures needed to mitigate these risks.
- Risks associated with behaviours that challenge, were not always assessed or mitigated. We spoke with the registered manager about our concerns, who said information had been cascaded to staff and showed us evidence they had been working with healthcare professionals. However, the provider failed to include a robust risk assessment, plan or guidance for staff in all care records.

The provider failed to ensure effective infection prevention and control measures were implemented and that the environment was maintained in a way to ensure effective cleaning. There was an additional failure to consistently and effectively assess potential risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When the service experienced an outbreak of COVID-19, the deputy manager isolated with people who tested positive to ensure they received continuity of care and to help prevent the potential spread of COVID-19.
- On our arrival, staff completed checks to help prevent the spread of COVID-19. For example, the inspection team were asked to present evidence of a negative COVID-19 test and their temperatures were taken.
- The provider ensured staff had access to designated areas to undertake COVID-19 testing and change into

their uniforms. This helped to prevent the spread of COVID-19.

- The registered manager had attended webinars and reviewed information about how COVID-19 could spread when staff were on their breaks and had introduced measures to help prevent the spread of COVID-19 during these times.
- A COVID-19 risk assessment had been undertaken to mitigate risks in relation to the running of the home. For example, how staff should safely enter and exit the premises.
- The provider and registered manager agreed that areas in the home did require updating and said recent investments included replacement windows and doors and an outdoor smoking area. The registered manager confirmed they were actively planning improvements to the home with the maintenance person. The registered manager told us that increased cleaning, in response to the COVID-19 pandemic, had caused damage to some surfaces.
- The registered manager told us after the inspection they were planning to redecorate the laundry room.

#### Using medicines safely

- Medicines were managed safely.
- People told us they received the correct medicines, but they could sometimes be delayed. Comments from people included, "When I request my pain relief medication during the day, it takes a really long time for it to arrive, while at night time it comes within minutes" and, "I mostly get my meds at the right time which is important – well usually within 10 mins or so." One person said they received their medicines on time and the service was managing their diabetes well.
- The provider ensured people had protocols in place for 'as required medicines' (PRN). The protocols were detailed and included information such as signs or symptoms the person required their PRN medicine.
- Medicines were stored safely. For example, controlled drugs were stored in a locked medicines room in a locked medicines cabinet.
- Staff received training about how to manage and administer medicines safely. One staff member said, "I receive training and was [working at the service] a while before I started doing medicines. I had supervisions about medicines and competency checks before I started to administer them. A staff member would watch what I was doing to make sure I was doing it correctly."
- The provider was supporting peoples' general health by administering Vitamin-D supplements to people. This was undertaken in line with changes to government guidance during the COVID-19 pandemic.

#### Staffing and recruitment

- The provider deployed sufficient numbers of suitably qualified staff across the service.
- The registered manager used a staffing dependency tool to determine how staff were deployed in the service according to peoples' needs.
- People told us there were enough staff to meet their needs. Comments from people included, "Most of the day staff seem to be the same. If I was concerned I would go to the deputy manager or the [registered] manager, but I have not had to do it" and, "They [staff] look after me well - I can have a bath or sleep when I want to and I can go out for a roll up too if I want."
- Staff were employed safely. Applicants were required to undergo checks with the Disclosure and Barring Service (DBS), provide a full employment history and references were sought from previous employers. These checks help to prevent those who may be unsuitable, from working with adults who receive care.
- Staff received training relevant to the people they were supporting. One staff member said, "I received manual handling training, safeguarding training and dementia care. I have received in-house training too."
- During two outbreaks of COVID-19, staff had continued to work in the home and maintain staffing levels. This meant the provider had not needed to use agency staff who may not be familiar with the needs of people.



#### Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibilities in relation to safeguarding people from the risk of potential harm and abuse.
- Staff spoke confidently about reporting suspected abuse. Comments from staff included, "I would inform the [registered] manager [of suspected abuse], there are two managers; I could report to the deputy manager and if they don't act, I can speak to the registered manager. If we find bruises, I would inform the manager – the bruises we would mark on a body chart. If the [registered] manager didn't do anything, I wouldn't have any other option than to inform the CQC."
- The registered manager contacted the local safeguarding team and worked with them when the need arose.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Each day, the provider facilitated a 'de-brief meeting' with staff. The meeting supported staff to look at what could be done better and where improvements were needed.

# 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 good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems in place were not always used effectively and had not identified shortfalls found during our inspection.
- Provider checks had not identified that soiled bedding, stored in the laundry room close to laundered items, posed a risk from cross-contamination.
- The provider had undertaken audits of infection prevention and control and the environment. However, the audits had not been used to identify concerns we found during our inspection. For example, the Infection Control Environmental audit recorded that all surfaces in the home were intact to enable effective cleaning. However, we found surfaces, including the floor in one communal shower room, that were not intact.
- The provider was using generic COVID-19 risk assessments for people living in the home. Governance systems had not been used effectively to identify that the generic approach to risk assessment would not establish levels of risk and guidance for staff in relation to peoples' individual needs.
- Staff told us they worked effectively together as a team. Comments from staff included, "There is a good team of carers here at the moment who get on with residents well. There is always a buzz in the living room which is good" and, "We have a really good team, we always work as a team and are very cooperative".
- The provider was submitting statutory notifications to the Care Quality Commission in line with requirements. Statutory notifications are important because they let us know when notifiable incidents occur and help us to monitor services.
- Staff spoke positively about the registered manager and deputy manager. Comments from staff included, "Working with [registered manager's name] is brilliant, any issues the registered manager sorts it out and is really easy to talk to" and, "When COVID-19 got into the home the [deputy and registered manager's names] were amazing; they lead from the top – [deputy manager's name] went into isolation with people who were COVID-19 positive."

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

- Staff spoke about people in a person-centred way and looked at ways to achieve good outcomes for people. One staff member said, "For me, I think that what makes the residents feel so settled is, we speak to them about what they want from us and their goals."

- The service had created an indoor gardening room, with raised planters and artificial lighting, so that people could garden during bad weather. One person told us the service supported their involvement with preparing the table for mealtimes and they liked to help with this.
- The provider kept farm animals, such as sheep, on the grounds of the home so people could observe them from windows and interact with them during their time spent outside.
- There was person-centred information recorded in care plans we reviewed. For example, one person's care plan included details about specific jewellery they wore to make them feel comfortable.

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

- The service engaged with stakeholders and considered peoples' equality characteristics.
- The registered manager facilitated meetings with staff. A recent meeting had been undertaken using an online platform and this meant staff did not need to attend the service in person, decreasing the potential to spread COVID-19. During the meeting, staff discussed peoples' individual needs, recent admissions to the home and staff welfare.
- The provider considered peoples' equality characteristics. One person said, "They [staff] try to make it normal for me not being categorised as disabled and given time to do things."
- The provider used different methods to communicate with relatives, including email, telephone and a messaging application.

Continuous learning and improving care

- The provider learned lessons and acted to improve care provision.
- The registered manager spoke with managers across the organisation to promote learning and share information that would help drive improvement.
- The provider had implemented a questionnaire for staff and relatives in direct response to the COVID-19 pandemic. The questionnaire could be completed anonymously to encourage open and honest feedback.
- The registered manager had a plan to ensure sustainability, they said, "We have implemented multiple innovations in the area of operations management such as the digitalisation of certain managerial, administrative and care processes to minimise running costs and increase our efficiency."

Working in partnership with others

- The service worked in partnership with other healthcare professionals and organisations.
- Staff told us the service worked with professionals to achieve good outcomes for people. Comments from staff included, "We work well, the GP rings every day to see if there are any needs, sometimes I take people for appointments, at the GP or Hospital. We make an appointment and we facilitate it very quickly." One person said, "I used to have the district nurse come, but now the carers change the dressings for me. I still see the Parkinson's Nurse."
- Healthcare professionals spoke positively about their experiences working with the service. Comments from healthcare professionals included, "I have been in quite regular contact with Elroi Manor since my client moved there. They also put in a gradual plan to see whether my client was safe to access the community on their own." One relative said, "They [staff] have been very good with appointments around treatment and care and healthcare, very, very helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to be open and honest when things went wrong. The registered manager said, "We are very open and will always be upfront, especially with regards to our duties and responsibilities."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure effective infection prevention and control measures were implemented and that the environment was maintained in a way to ensure effective cleaning. There was an additional failure to consistently and effectively assess potential risks to people.</p>