Essington Manor Care Home Limited

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 17 January 2017 and was unannounced. At our previous inspection in May 2015 the provider was not meeting the legal requirements in relation to consent. We asked the provider to make improvements to ensure people were supported in line with the law; they sent us an action plan telling us how they were going to do this. At this inspection we saw the provider had made the necessary improvements however, improvements were needed in other areas. Since our last inspection the provider of this home has changed.

The service provided care and accommodation for up to 43 older people and consisted of two large detached houses on the same site. At the time of this inspection 35 people were living in the home.

There was a registered manager in post. 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.

People's medicines were not always reviewed to ensure that they received them as prescribed. Stock checks were not completed within the home so we could not be sure all people had received their medicines when needed. People felt there could be more to do within the home and we could not be sure the needs of people living with dementia had been fully considered.

People felt safe and staff were able to recognise and report potential abuse. Risks to people had been identified and managed to keep them safe from harm. There were enough staff available for people and they had received an induction and training that helped them to support people. The provider had completed checks to ensure staffs suitability to work within the home.

When people were unable to consent mental capacity assessments had been completed. Decisions had been made in people's best interests. The provider had considered when people were being restricted unlawfully and authorisations were in place. Staff understood their role in this and how to support people.

People made choices about how to spend their day and were encouraged to be independent. Privacy and dignity was maintained and people were happy with the staff and the support they received. Friends and families were free to visit the home and felt welcomed. When needed people had access to health professionals. People enjoyed the food and were offered a choice.

Quality monitoring was completed by the provider and information used to bring about improvements. The provider sought the opinions from people and relatives and used this information to make changes. People spoke positively about the home and how it was run. Staff felt supported and listed to. The registered manager understood their responsibilities around registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.
Medicines were not always administered as prescribed. People felt safe and risk to individuals were identified and managed. There were enough staff available for people and they did not have to wait for support. Staff understood safeguarding procedures and were happy to raise concerns. The provider checked staffs suitability to work within the home.

Is the service effective?

Good

The service was effective.
Mental capacity assessments and best interest decisions had been completed when needed. Staff understood the importance of gaining consent from people. The provider had considered when people were being restricted and ensured it was lawful. Staff received an induction and training that helped them to support people. People enjoyed the food and were offered a choice. When needed people had access to other health professionals.

Is the service caring?

Good

The service was caring
People were supported in a kind and caring way by staff they were happy with. People were encouraged to be independent and make choices about how to spend their day. People felt their privacy and dignity was maintained. Relatives and friends were free to visit anytime.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
People felt there could be more to do in the home. We could not be sure the needs of people living with dementia had fully been considered. Staff knew about people's needs and preferences and provided care in a way they wanted it. People and families were involved with planning and reviewing their care. People knew how to complain and there was a system in place to ensure they were responded to.

Is the service well-led?

Good

The service was well led.
The provider completed quality checks and sought the opinions of people who used the service to make improvements. There was a whistleblowing procedure and staff knew how to whistle blow. Staff felt supported and listened too. People spoke positively about the home and the registered manager.

Essington Manor Care Home

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 is 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 visit took place on the 17 January 2017 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, three relatives, three members of care staff and the support manager. We also spoke with two members of the quality assurance team and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for six people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Requires Improvement

Is the service safe?

Our findings

We saw that one person was prescribed as required medicines for agitation. The guidance in place for staff to follow stated this medicine should be given when the person 'became agitated'. Records we looked at showed this medicine had been administered for five consecutive days, it was not recorded this had been given for agitation. In the daily notes we also saw a review had been completed by the registered manager for this person, this stated that this medicine 'should be given one hour before personal care'. We saw and one member of staff told us they were following this guidance. We spoke with the registered manager about this who told us that they had made the changes to how the medicine was administered and this had not been reviewed by the GP. This meant this medicine was not being administered as it was prescribed.

We saw that a medicines audit was in place. Staff told us this was completed daily. We looked at medicine administration records. For one person we saw that in January 2017 there were two missing signatures. Staff confirmed that the daily audit had not identified this and could not confirm to us if this medicine had been administered or not. There was no system in place identifying how many medicines there should have been in stock so we were unable to check this. Staff told us that when new medicines arrived this should have been documented; however this had not been completed.

People were safe. One person said, "I am definitely safe. There are lots of lights. And there is always someone on call. We have regular fire checks". Another person told us, "I do feel safe". A relative commented, "The security is good and the staff are kind and caring". We saw that when people needed specialist equipment it had been provided for them. For example, we saw people were transferred using specialist equipment and when needed people had been provided with pressure relieving equipment, such as cushions. We saw this equipment was used in line with people's care plans. Records confirmed the equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported to move in a safe way.

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "It's about protecting people who are in our care". Another staff member said, "If I was concerned about anything I would tell my line manager or the manager, I know they would take action. I know that I can go directly to the local authority and report things if I need to". We saw there were safeguarding procedures in place and displayed around the home. Staff also had a keyring which provided them with guidance on the actions they should take if they identified harm. We saw that when needed, concerns had been raised appropriately by the provider and safeguarding referrals had been made. This was in line with the providers procedures.

Risks to people were identified to ensure they were protected from avoidable harm. For example, one member of staff told us about a person who was at risk of falling. They said, "They are at high risk of falling. Every time they fall we have to reassess the situation to see if anything's changed or if we can do anything differently. There is guidance in place for us to follow, however we decide each day what we need to do dependant on how the person is, so we check if they are tired or unwell". They went on to say, "We referred this person to the physiotherapist and they came and did an assessment. We follow their advice. The person

has alarms on their chair and in their bedroom, so we know when they are getting up and maybe at risk". We checked the care plans for this person and saw there were risks assessments in place. Throughout the inspection we observed this person was supported in line with their management plan. This demonstrated staff had the information needed to ensure they managed risks to people. We saw plans were in place to respond to emergency situations. These plans provided guidance on the levels of support people would need to be evacuated from the home. The information recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need in these should an emergency occur.

There were enough staff available and we saw people did not have to wait for support. One person said, "There are enough staff". Another person told us, "I think there is yes, we never wait long for anything and if you ask someone for help they are quick off the mark". A relative confirmed that staffing levels were adequate. We saw that when people needed support staff responded in a timely manner. We spoke with the registered manager. They told us they would decrease and increase staffing levels based on people's dependency, when needed. They told us about examples where they had recently done this due to the changed dependency needs of some people. Staff confirmed this had happened and meant people's care and support was planned to meet their needs.

We spoke with staff about the recruitment process. One member of staff said, "I had to wait for my DBS before I could start working here". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at three recruitment files and saw pre-employment checks were completed before staff could start working within the home. This demonstrated the provider ensured the staff working in the home were suitable to do so.

Good

Is the service effective?

Our findings

At our comprehensive inspection on 6 May 2015, we found people's rights under the Mental Capacity Act 2005 (MCA) were not being met. At this inspection we found the necessary improvements had been made to comply with the regulation.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some of the people living in the home lacked capacity to make important decisions for themselves. We saw when required, people had mental capacity assessments in place and decisions had been made in people's best interests. Staff we spoke with demonstrated an understanding of the Act. They told us they had received training since our last inspection. One staff member said, "We have had training recently in this area. If people are unable to make their own decisions it's the way we support them to do this and to keep them safe". Another staff member said, "It's working in the law to help people with decisions". Another staff member told us about the importance of gaining consent from people. They said, "This was something I picked up on the training and how important it is for the person. If people don't want to do something we would never force them. We should also always ask them if they would like to do things. People can't always verbally answer so people's behaviours may show us. If they are refusing, we would respect this". We saw staff gain consent from people. For example, people were asked if they were happy to be transferred into different chairs. This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. Three people had a DoLS authorisation in place; further application had also been made. Staff we spoke with demonstrated an understanding of DoLS and how they would support the people with this. A staff member said, "It's about safety, we know if [person] tried to cross that road they wouldn't come back. We need to work within the law to ensure we support them correctly so they don't come to harm". This demonstrated that the principles of the MCA were recognised by staff and maintained. .

Staff told us they received an induction and training that helped them understand how to support people. One staff member told us about their induction. They said, "I had a day with the manager going through things. Then I had three days shadowing. I have done care work before so I was a bit apprehensive about this. However, it was really good, everywhere is different and I really found out about people. I found out the routine of the home which was nice". Another member of staff told us about the training they received. They said, "It's always good to have training, so you can revisit the things you think you know but actually you have forgotten. The training here is good and they never let it run out, we are always up to date". Staff told

us and we saw that competency checks were completed after training to ensure staff had understood what they had been taught. This meant staff received an induction and training that helped them to support people.

People enjoyed the food and were offered a choice. One person said, "Foods fine, there is always a second choice". If people had individual preferences we saw this was provided for them. Another person told us, "There is always a choice of food. The cook is very kind. They make mash for me instead of chips. I don't like cabbage and they know that". We observed that people were supported in line with their care plans and when people needed specialist diets these were provided for them. Throughout the day people had cold drinks available to them and hot drinks and snacks were offered regularly. Records we looked at included an assessment of people nutritionals risks. We saw when these risks had been identified people had their food and fluid intake monitored. We saw that any concerns with this were recorded and reported to the district nurse so that further action could be taken.

People told us they had access to health professionals. One person said, "They will call the GP in if I need them". Another person told us, "I've had a blood test recently; they want me to put a bit of weight on". We saw when needed people had been referred to health professions. For example, we saw referrals had been made to dieticians, physiotherapists and speech and language therapist when concerns had been identified.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person told us, "The staff clean my nails every day and put my nail varnish on every week, they are just so kind to me". Another said, "I couldn't wish for more. They are all very kind". We saw staff chatting and laughing with people. A relative told us, "It's exceptional support". People were treated with respect and approached in a kind caring way. For example, we observed that one person was in an uncomfortable position; staff quickly recognised this and supported the person to be more comfortable. This showed us people were treated with kindness and staff were caring towards them.

People privacy and dignity was promoted. One person said, "They always knock on my door and are respectful when other people are around". We observed staff knocking on people's doors and offering support to people in a discreet way. For example, when people were hoisted blankets were used to cover people's legs. One staff member told us, "We have dignity champions and have regular meetings so we can talk about how we can make things better for people".

People were encouraged to be independent. One person said, "I have always been independent. I get myself up and dressed". Another person told us, "What I can do for myself I like to maintain". We observed that people were encouraged to be independent. For example, we heard staff encourage people to do tasks for themselves. A staff member said, "We try to keep people independent, some need more support and help then others. You get to know the individual and what they can and can't do, so for example if we are helping with bathing we would ask the person if they can do their hands and face themselves if we know they can".

People made decisions about how to spend their day. One person told us, "I don't have a daily routine, I just choose day to day. Sometimes I feel like spending time in my room sometimes in the conservatory or the lounge. I can pretty much do what I like". One member of staff told us, "We always ask people what they want to do and where to sit. Most people sit in the same chairs but I always ask in case they fancy doing something different." We saw staff asking people what they would like to do and where they would like to sit.

Relatives and friends could visit anytime. One person said, "My family can come when they chose". Another person told us, "My friend comes and sees me. The staff are friendly to them and offer them a drink". A relative said, "There are no set times so we can drop in whenever we choose, day or night". We saw friends and relatives visited throughout the day.

Requires Improvement

Is the service responsive?

Our findings

People felt there could be more to do. One person said, "There are no activities, or very few take place here". Another person told us, "We had musical exercises, bingo and making cards at my previous home. There is no activity here". We observed that throughout the morning no activities were taking place in the communal areas and people were asleep. One person told us, "I would do them if there were some". During the inspection in one of the houses we observed an activity session taking place. We observed this was very short. During this activity people were talking to each other, laughing and interacting. After the activity one person told us, "I enjoyed that, but that's it for the day by the looks". We spoke with the registered manager who confirmed this could be an area for improvements. They told us they were trying to make activities more person centred and individual for people.

The home was supporting people who were living with dementia; they had not fully considered any dementia support. For example, at mealtimes people were asked what they would like to eat before the mealtime. There were no pictures or prompts used to support people to make their choices and there was no reminder of what they had ordered when the meal arrived. Therefore we could not be sure people understood the choices they had made. When equipment was in place to support people who had dementia staff did not fully understand its use. For example one member of staff told us that the coloured toilet seats, "Were so people could see them better". The coloured seats are to help people be familiar with their surroundings. Therefore we could not be sure staff fully understood the needs of people living with dementia.

Staff knew about people's needs and preferences and provided care in a way they wanted it. One person told us, "I have always got my jewellery on and my handbag next to me. The girls make sure I have it here". Another person said, "They know I don't take sugar and I don't eat chocolate". One staff member commented, "We get to know you don't we?" The person smiled. This demonstrated that staff knew people well. Staff told us they were able to read people's care plans to find out information about them. One member of staff said, "All the information you need about people is in their files, it's updated regularly. We also talk to families. For people [living] with dementia I always think we know the person how they are now and the families know how they were". There were daily arrangements in place to keep staff updated about people's needs. Staff told us they were updated about people's needs in handover. One member of staff said, "We also have handover which is good. There is a computerised handover as well, so if you have been off a few days it's easy to catch up".

People told us they were involved with planning and reviewing their care. One person said, "They ask me if things have changed or if I need anything". A relative confirmed they were kept up to do date with any changes to their relatives care. We saw that records were reviewed on a monthly basis and review meeting were held with people, their families, the staff and other professionals.

People told us they knew how to complain. One person said, "If I had to complain I would go to the manager". Another person told us, "I don't have any complains but I am sure they would be actioned". The provider had a complaints policy in place. We saw when complaints were made they had responded to

them in line with their policy. This demonstrated there were systems in place to deal with concerns or complaints.

Good

Is the service well-led?

Our findings

People and staff we spoke with were positive about the registered manager and the home. One person said, "It's very nice, very well run and it's spotless". Another told us, "The manager is the owner so they are always here, I feel I could go to her with anything and she would address it for me". Staff told us they felt the registered manager was approachable and they would be listened to. One member of staff said, "Very approachable and she will get anything you ask for especially if it's for the residents". Another staff member said, "I feel very well supported, we have regular meeting and supervisions. I feel I am listened to all the time". Another staff member told us about group supervisions that took place where different areas would be discussed. The staff member said, "They are like learning sets. We have them for safeguarding and medicines. We do quizzes and find out what we know and what areas need to be worked on". The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service. This meant we could check appropriate action had been taken.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "If something wasn't right I would report it". This demonstrated that when concerns were raised staff were confident they would be dealt with.

Quality checks were completed by the registered manager and provider. These included checks of accidents and incidents and the areas looked at our inspections. . Spot checks were also completed by senior members of staff. We saw on the day of our inspection that a check was being carried out to assess people's lunchtime experience. Where areas of improvement had been identified through an audit, an action plan had been put into place and action taken to make the required improvements. For example, we saw through an audit that it had been identified that a keyworker system would be introduced. This would be to offer better links to families and so people could be supported in a more centred way. We saw an action plan was in place to ensure this was completed and this had been introduced. A member of staff said, "It's a positive addition". This demonstrated when concerns were identified action was taken to bring about improvements.

The registered manager told us and we saw feedback was sought from people who used the service and their families. This was completed through a friends and family forum. We saw posters displayed around the home for the next forum. We looked at records from previous forums and saw how this information had been used to make improvements for people. For example, we saw one person who was new to the home requested their family had Christmas dinner with them. We saw this had been completed. The person commented, "It was perfect". Another person requested that a newspaper was delivered each day to the home for them. The home had sourced a volunteer to do this and the person had received their newspaper as requested. This showed us that the provider sought the opinions of people and relatives who used the service and used this information to bring about positive changes.