Care Quality Commission

Care UK Community Partnerships Ltd

Elwick Grange

Inspection report

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Date of inspection visit: 5 October 2015
Date of publication: 03/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 5 October 2015 and was unannounced.

We last inspected the service in August 2013 and found the provider was meeting all the regulations we inspected that were in force at the time.

Elwick Grange is two storey purpose built care home for up to 60 people, some of who are living with dementia.

At the time of our inspection 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.

Summary of findings

Staff we spoke with were confident in their role in safeguarding people from potential abuse. Training had been delivered and staff were knowledgeable about the different types of abuse and the organisations procedure on safeguarding.

The registered manager had produced a laminated card for staff which summarised the key information and relevant contacts for safeguarding, mental capacity, whistleblowing and deprivation of liberty safeguards.

During the inspection we spent time observing the medicines round. We saw people were given the time and support they needed to take their medicines.

We reviewed the rotas and saw staffing levels were consistent. Staff personnel files showed clear recruitment procedures had been followed and all staff had the appropriate checks in place.

The provider had defined mandatory training and set clear timescales for refresher training. Additional training was also made available for staff on areas of interest.

Staff received supervision every two months, the annual appraisals were running behind and half of the staff had not received these, however they were only over due by a number of months.

We saw people were supported during meal times and wherever possible were encouraged to be independent.

Staff had a good understanding of the Mental Capacity Act 2005 and the procedure for Deprivation of Liberty Safeguards (DoLS). We saw that following a successful DoLS application a care plan was created to ensure the least restrictive option was always considered for the person.

People and their relatives told us they were happy with the care they received at Elwick Grange. People were involved in their day to day choices and were promoted to be independent.

There was a activities calendar available. People told us there were activities organised on a daily basis. Visiting relatives told us how the home made an effort to help people celebrate special occasions, such as birthdays.

All care documentation was electronic. We reviewed this and noted that everyone's care plans and risk assessments were up to date and detailed to reflect each person's individual needs.

People told us they knew how to complain and would be confident in raising any concerns. The staff told us they felt supported in their role and could talk to the registered manager about anything.

The registered manager and the management team conducted regular audits of the service the home provided. They had recently introduced a 'resident of the day' scheme which meant that each person living at the home had their care plans and preferences reviewed on a monthly basis.

Summary of findings

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 safe.

Good

We observed the medicines round and saw medicines were administered in accordance with good practice and people were supported in a friendly manner.

Staff we spoke with were confident in their role of safeguarding people.

Risks assessments were completed when required and we saw a clear link between the risk assessments and care plans.

The staffing levels were consistent and the service had a robust recruitment procedure which meant people were recruited with the right skills and experience.

Is the service effective?
The service was not always effective.

Requires improvement

The provider had a clear system in place for staff training. Mandatory staff training was defined with refresher time periods. We saw all staff training was up to date.

Staff appraisal was behind and over 50% were awaiting their yearly appraisals. However during this time period staff were up to date with their supervisions which took place every two months.

Staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). We saw that following a successful DoLS application a care plan was created to ensure the least restrictive option was always considered for the person.

Is the service caring?
The service was caring.

Good

People and their family told us the care they received at Elwick Grange was good and they had no concerns.

People told us how they were encouraged to be independent and we observed this was done in a supportive manner.

Information was available if/where people required advocacy support.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People told us there was a constant stream of activities available within the home. Relatives told us how the service and staff made a special effort to ensure people celebrated special occasions such as birthdays and anniversaries.

The care plans were electronic and were up to date and reflected the individual needs of each person.

Everyone we spoke with told us they would be comfortable raising any concerns. The registered manager had a clear procedure in place for dealing with any concerns.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager. They attended regular staff meetings and felt they contributed to the service overall.

The registered manager and management team completed regular audits of the service the home provided and ensured wherever possible they learnt from any accidents or incidents.

The service had recently introduced a 'resident of the day' scheme to help ensure that at least once a month every resident had all of their care needs and personal preferences reviewed.

Elwick Grange

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 took place on 5 October 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and a specialist advisor.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch.

The registered manager completed a Provider Information Return (PIR) and this was returned before the inspection. 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.

We used a number of different methods to help us understand the experiences of people who lived at Elwick Grange. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke to eight people who lived at the service and five relatives. We spoke with seven members of staff, including the registered manager, senior care worker, carers and the activities co-ordinator. We looked at six people's care records and eight people's medicine records. We reviewed five staff files, including records of the recruitment processes. We reviewed the supervision and training reports as well as records relating to the management of the service. We completed observations within the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Elwick Grange. One person said, "I do feel really safe here, they look after me well." One relative said, "I'm happy leaving [relative] here, it's like a big family."

We spent time with staff whilst they were completing their medicines round. We noted medicines were administered in accordance with good practice and people were treated with respect and patience. Competency checks were regularly completed to ensure staff administering medicines were safe and experienced to do so. In addition regular audits were completed by the registered manager and senior staff which would help any medicines errors being identified.

Staff told us they were confident in monitoring safeguarding concerns and could describe the process they would follow, should they identify anything. We saw the home had safeguarding referral forms available in the administration office so they were clearly accessible. The registered manager had made pocket information cards for all staff which included information on Mental Capacity Act 2005, Deprivation of Liberty Safeguards, Whistleblowing and Safeguarding. This included the telephone for the local authority safeguarding team, as well as an out of hours contact. The registered manager explained they were confident staff knew the procedures but the card offered some extra guidance should it be needed.

We saw the home had a safeguarding log, which clearly recorded any referrals and subsequent action taken.

Risk assessments were completed for each person living at Elwick Grange. The provider had electronic care records which meant risk assessments could be updated and reviewed in a timely manner. We saw all areas which were assessed were clearly linked to care plans and clearly documented how the risk could be reduced. For example, where people were at risk of falls, the care plans covered supporting people with their mobility, any equipment that was needed for transferring, as well as preventative equipment such as sensor mats.

The provider also had generic risk assessments completed for the building as a whole, which included a moving and handling risk assessment for staff, dealing with violence and aggression and legionella testing. We saw each generic risk assessment was stored centrally and reviewed on a regular basis to ensure it was up to date and relevant.

In the entrance to the home there was a fire emergency box, this included items required in an emergency, such as a torch, as well as emergency evacuation plans for people living with the home. We saw each person had a personal emergency evacuation plan (PEEP) which documented whether they would be able to 'self-evacuate' and any key information that was important, such as being unable to self-transfer, or being visually impaired.

We noted on the providers electronic care plans there was a flag system which highlighted any areas to note. For example, if people had allergies, were subject to a deprivation of liberty safeguard, or had a do not attempt cardiopulmonary resuscitation in place. We saw a fourth flag appeared if the person would require support when evacuating in an emergency situation.

The home had a system in place which helped the registered manager to analyse staffing levels and ensure sufficient staffing cover was available; this was based upon a score created from each person's care file. We saw the score was calculated considering a number of areas such as whether people required assistance, their mobility and incontinence needs, as well as areas such as communication, behaviours and sleep pattern.

We reviewed the staffing rotas for a three week period and saw the staffing levels were consistent and in some cases greater than the assessed level. In the three week period we noted one day where the staffing was less than expected. The registered manager advised this had been due to short term sickness and explained how they ensured effective care was provided in these circumstances, such as the activity staff member being available to support meal times.

During our visit we did not see any times where people were left unassisted for a long period of time, or had to wait for support. We noted call bells were answered in a timely manner throughout the day and people were regularly checked by staff to ensure they had any support required.

Staff told us they could always benefit from having extra staff, however they confirmed the staffing levels were safe and people received the care and support they needed.

Good

Is the service safe?

The provider had a clear system in place to ensure staff who were recruited were skilled and experienced. We reviewed five staff members' personnel files and saw each had a personnel file checklist in place. The checklist was a visual prompt to ensure all documents were stored appropriately. We looked at each staff member's individual files and noted the content reflected accurately what was identified on the checklist. This included an application form, ID checks, reference request and returned references, as well as disclosure and barring service check verification.

Requires improvement

Is the service effective?

Our findings

People told us they felt supported by staff who were skilled and experienced in their role. One person said, "They are all good at their job, I have no complaints."

The provider had defined eight topics as mandatory training which included dementia awareness, health and safety, moving and handling, and safeguarding adults. For each topic there were clearly defined timescales by which the training needed to be refreshed. Additional training was available for staff members to complete via eLearning such as diabetes, care record completion and medication awareness. The provider tracked all additional training to see who had completed the courses available, this helped them to ensure no one got behind and forward plan for future courses.

The provider had a policy for each staff member to have a yearly appraisal, also known as a performance and development review. This involved the staff member completing a preparation form to reflect on their performance over the past 12 months. As part of the appraisal meeting, areas such as personal development and objectives were reviewed. The registered manager told us they were aware the appraisals were running behind; they explained this was due to the recent changes in the management team of the home. They showed us their action plan, which included getting the appraisals up to date. We noted that although up to 50% of staffs' appraisals were overdue, these were only overdue by a number of months and staff had been receiving regular supervision during this time.

Staff received supervision once every two months. The registered manager told us they had a different topic for each supervision period, for example receiving gifts, care planning and the new smoking policy for residents. In addition to the topic we saw supervisions covered areas such as staffs' mandatory training and areas for support. At the end of each supervision clear action points were agreed and these were followed up at the beginning of the next supervision.

During our visit we observed the lunch team meal experience in all three dining rooms. We saw that people were offered support and encouraged to be independent.

However the overall dining experience varied depending upon the unit. Each morning people were asked for their lunch time preferences. In two dining areas we saw staff confirmed people's choices and checked if they had changed their mind. In the third dining area we saw people were served their choice without additional prompts. Despite this, we saw everyone was satisfied with their meal and the majority finished it all, with some having second helpings. People told us they enjoyed their meals. One person said, "You can never fault it, the food is always good." Another person told us, "They always look after me well, they bring it to my room as I prefer to eat here."

Throughout our visit there were numerous external professionals visiting people at the home. Everyone we spoke with told us they were happy with the care received by people using the service and had no concerns. They explained they felt that staff knew people well and ensured referrals and advice were sought when needed. On reviewing the care plans we noted comprehensive notes were made following each external professional visiting the service. The records showed people were supported by a variety of professionals, such as the speech and language team, district nurse, warfarin nurse and opticians.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager understood the DoLS process and was able to explain how it was used at the service. We saw MCA assessments were complete, where it was queried whether a person had capacity to make decisions. Each MCA assessment was clearly recorded and a care plan was created in terms of what this meant for the person and the care they received.

When a DoLS was required, applications were made to the Local Authority in a timely manner and a clear audit trail was available, showing when the application was made, when it was authorised and due for renewal. We saw that following a successful DoLS application a care plan was created to ensure the least restrictive option was always considered for the person. The registered manager had an overview of all people subject to DoLS. We noted the system was clear and easily accessible should there be any queries in relation to people's mental capacity assessments.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy with the care they received at Elwick Grange. One person said, “It’s a great place, I am happy and the girls are so kind.” Another person said, “I feel so unwell but the staff are so lovely, I mustn’t grumble.” One relative we spoke with said, “She is very well cared for, we have no complaints at all, this is the best place in the town and we have looked at a few. No, no complaints and the staff are so gentle and kind.”

Throughout our inspection we observed positive interactions between people and staff. We noted where people were receiving support, either moving throughout the home or with a drink or food, staff spoke to them clearly, offered them choices and if needed described to them either what they were doing or what their options were.

Relatives told us they felt staff ensured people were treated as individuals and their choices were respected. One relative told us how their relative made their own choices, both small and large, from what they would wear that day, to what they wanted to eat and where they wanted to eat it. They said it was important to them that their relative maintained their independence in making decisions and they felt this was first nature to the staff.

We noted there was a lot of smiles and laughter throughout the day and staff showed genuine affection, which people responded too positively. Staff we spoke with appeared to know the people well and could describe their individual likes and dislikes. One staff member we spoke with said, “The best thing about working here is the atmosphere which is lively and fun and comes from well cared for residents. I can’t think of anything that would improve the job at present.” Another staff member said, “I think the home is comfortable and settled, a safe place where residents come first.”

At the time of our inspection no one required the support of an advocate but clear information was displayed in the reception should the time come where this would need to be considered. We noted advocacy information leaflets were available, as well as independent mental capacity advocates (IMCA). Staff told us wherever possible they tried to ensure people’s family were available to support them when discussing key areas of their care. One staff member told us they would feel confident speaking to the registered manager if they felt a person was not being supported.

People told us they felt their dignity was recognised at all times and their independence supported. One person said, “They let me make my own decisions.” Another person said, “Sometimes they walk along with me, I take a while but they don’t seem to mind. It’s nice to know they are there if I need any support.”

Good

Is the service responsive?

Our findings

People told us the home organised a number of daily activities for them to take part in. One person said, "They do look after me. We knit, as I used to knit the children's clothes." One staff member said, "We plan fundraising together with residents helping to make things for craft stalls and sometimes they man the stall with support."

The home employed an activities coordinator who organised daily and weekly things for people to do. They told us that if people didn't want to do the activity that was scheduled they would do something else. They also told us how they tried to ensure they spent one on one time with people to get to know them better and ensure those that didn't want to participate in group activities still had engagement.

We looked at two people's activity records and saw they set out people's preferences and how needs regarding leisure and social care could be met.

On the day of our inspection the home had a hairdresser in for people to get their hair done. We spoke to one person whilst they were with the hairdresser who said, "I like coming here for a natter." Another person said, "The home is excellent."

Relatives we spoke with told us how the home tried to make events out of special occasions such as birthdays. One relative said, "The home and the family planned a birthday party for [relative], this way all the family could visit and celebrate with her."

We reviewed people's care records and noted they were up to date, personalised and reflected the needs of the person. We saw where specific detail was required to ensure people received appropriate care and support this was in place.

The provider used an electronic system for all risk assessments, care plans and daily recording. We saw the care plans were regularly reviewed and the system was up to date with people's needs. Some key care plans had been printed out for external professionals to review, however this meant in some cases they were not the most recent version and were not reflecting the person's most current needs. We spoke to the registered manager about this. They assured us this was only used as an overview for external professionals but they would review this process to ensure the records reflected the most recent copy.

Relatives told us they were involved in planning their relatives care and were regularly kept up to date. One relative told us they lived a distance away but the communication between the staff and them was excellent and they were kept up to date. They continued to say, "[relative] is very well cared for."

People told us they knew how to complain and commented they felt comfortable speaking directly to the registered manager. One person we spoke with said, "I have no complaints and am fairly happy here. I'd rather be at home of course, we all would, but I get to see my family and the girls are lovely."

The complaints policy was available for people to access throughout the home. The registered manager kept a record of complaints received and how these had been managed. We saw that where formal complaints were received the registered manager had communicated in writing to the complainant and informed them of the conclusion. Staff we spoke with were aware of the policy and how to direct people if they wished to complain.

Good

Is the service well-led?

Our findings

Staff told us they felt the service was well-led. They said the registered manager was supportive and they could go to her with any questions or queries. People and their relatives comments were similar. Everyone we spoke with knew who the registered manager was. They said they knew they could raise any concerns. However, people told us they would feel comfortable speaking to staff with any changes they wanted to take place and wouldn't feel the need to go direct to the manager.

Staff told us they were confident in supporting people to address any concerns. They felt they could make decisions and would be supported by the management team.

We spoke to staff about arrangements for out of hours. They told us there was always a member of senior management on call, such as a regional director. The contact details for the person on call for each relevant day was available in the office for everyone to access.

The registered manager and supporting staff completed a number of audits on the service they provided. These had varying frequencies, for example a fire safety checklist was completed on a daily basis. This included areas such as escape routes being clear, fire warning systems, emergency lighting and fire fighting equipment.

As well as the regular audits which covered areas such as medicines, care plan audits and health and safety, the registered manager had recently introduced a new system called 'resident of the day'. On that day staff would ensure they reviewed all risk assessments and care plans in relation to that particular resident. They would be visited by staff from the various departments within the home, such as activities, housekeeping and the chef, to ensure they were happy with the service they received and whether all of their needs and requests were clearly documented. Staff told us they tried to ensure that as part of this review process they also spoke to friends and relative of the person to make sure all areas were considered. The registered manager told us they introduced the scheme to ensure that at least once a month the needs and care documentation for the person were thoroughly reviewed.

We noted the resident of the day also included night staff, which meant documentation reflected all aspects of a person's day and health care needs.

The registered manager talked us through their auditing system and how records were stored. We noted wherever possible clear action plans were in place for development or when trends had been identified, for example, following accident and incidents. The electronic system for care planning was also used to record staff records, which meant that all staff details were clearly available for the registered manager to review. This included any investigations, disciplinary as well as any supervision sessions.

Staff told us they had regular staff meetings. The registered manager advised she tried to have a theme for each meeting based upon current topics that were either areas for improvement or areas she wanted to ensure she could support the staff with.