

Anchor Hanover Group

Elderwood Residential Home

Inspection report

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15 September 2021
06 October 2021
11 October 2021
22 October 2021
25 October 2021

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12 November 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Elderwood is a residential care home providing personal care to 40 people aged 65 and over at the time of the inspection. Nursing care is not provided. The service can support up to 40 people.

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

People felt safe and secure living in the home. People and their relatives were happy with the service and had good relationships with staff members. There was a warm and welcoming atmosphere.

There were enough staff to meet people's needs. Safe recruitment procedures were followed. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The premises were well maintained, clean and tidy.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were kind and caring, and the standard of care was high. Relatives said staff were committed to their work and had worked tirelessly during the pandemic which deserved recognition. Professionals gave us good feedback about the service.

People received personalised care that was responsive to their needs and preferences. Staff knew people's needs well. People and relatives knew how to raise concerns. There was a range of activities for people to enjoy.

People and relatives felt the service was well managed. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service via meetings and surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

There was a positive culture and ethos at the service which was driven by the management team. The registered manager led by example and actively promoted responsive care which improved people's quality of life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 February 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test

the reliability of our new monitoring approach.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elderwood Residential Home

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 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 care service. An inspector visited the service on 15 September and 22 October 2021. An Expert by Experience spoke with eight relatives on the telephone on 21 September 2021.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We spoke with 10 members of staff including the registered manager, the deputy manager, two team leaders, four care assistants, the head chef and a laundry assistant. We spoke with two health professionals who were present at the service during our visits. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff recruitment files. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the service was safe and were happy with the care provided. One person said, "This is a good home as the staff can't do enough for you, so I feel safe here." A relative told us, "I can't praise the home enough. [Family member] is well looked after and tells me they're happy there."
- People were protected from the risk of abuse. Staff received safeguarding training and knew how to recognise and report any concerns.
- The provider had systems in place to protect people from harm. The registered manager understood their responsibilities and any concerns were acted on appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed. People's care plans included risk assessments about individual care needs. This information supported staff to care for people safely.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs.
- Regular planned and preventative maintenance checks were up to date.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff were visible supporting people around the home and call bells were answered quickly.
- Recruitment procedures were safe and thorough.

Using medicines safely

- Medicines administration records showed people received their medicines safely.
- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed.

Learning lessons when things go wrong

- The registered manager gave us examples of learning lessons, such as improving communication when dealing with concerns.
- Accidents and incidents were recorded and reviewed to look for trends. This included looking at actions to reduce the risk of recurrence.
- Information was shared across the organisation and discussed in staff meetings to support learning and promote good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They completed regular training to keep their knowledge up to date. Relatives felt staff were well-trained and skilled at their jobs.
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal.

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

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People enjoyed their meals and told us if there was anything else they wanted, they only had to ask.
- There were enough staff to support people to eat safely. The mealtime experience was pleasant and relaxed.
- Staff had a good understanding of people's nutritional needs. Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for.

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

- People had detailed oral health care plans so staff could support them appropriately.
- Advice from health professionals was added to care records and followed. Health professionals we spoke with during our inspection said staff knew people's health needs well and sought medical advice appropriately and promptly.

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

- The premises were designed to offer people choices about where they spent their time.
- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and had a homely feel.

- There were visual and tactile items on display to engage people living with dementia and to help people to find their way around the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed; best interest decisions were made on their behalf if they lacked capacity.
- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were respectful and kind, and the standard of care was high. One person told us, "The staff are kind and caring, in fact, they're fantastic."
- Relatives spoke positively about the staff team. One relative said, "The staff are always pleasant, nothing is too much trouble for them." Another relative said, "The whole family is happy with the care provided. Staff chat nicely to [family member] and know them as an individual. All of the staff are really good. I'm also treated with respect, for example, they have always asked how I have been through the pandemic." Relatives said staff were committed to their work and had worked tirelessly during the pandemic which deserved recognition.
- Health professionals spoke positively about the home. One health professional told us, "This is a lovely home. Staff are friendly and approachable and know people's individual needs really well."
- Interactions between people and staff were relaxed. People knew staff well and we saw them chatting, smiling and showing affection. Staff showed an interest in what people were doing. When people showed signs of anxiety staff were patient, reassured them and engaged them in activities which reduced their distress.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

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

- People felt involved and were able to express their views. People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives were involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff knocked on doors and waited for a response before entering.
- People's independence was respected and promoted. Some people preferred to do some aspects of their personal care. People said staff respected their independence and provided support when needed.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives felt the care provided was person-centred. One relative said, "I would recommend this home because it's warm and caring and provides individualised care." People were encouraged to make choices about their day to day care. Staff supported people to follow their preferred routines for daily living.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records outlined people's communication needs. Where necessary, information was available in different formats such as large print and picture cards were used to explain things to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us how staff had supported people to maintain contact during the pandemic through video and phone calls.
- Whilst the pandemic had obviously effected activities outside of the home, the provider employed a wellbeing co-ordinator to ensure staff supported people to take part in a range of activities within the home. People and relatives were happy with the activities and social stimulation provided.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns. People and relatives were confident any concerns raised would be resolved quickly.
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether emergency health care plans were in place.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Quality assurance systems were effective in identifying and generating improvements within the service.
- The registered manager and staff understood their roles and responsibilities.
- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.

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

- The registered manager led by example and promoted person-centred care which achieved good outcomes for people. The ethos of the service was to empower people to live their best life.
- Relatives spoke positively about the registered manager. One relative told us, "The manager is fantastic. They're very approachable and will try to sort things out for you."
- Care plans were person-centred. People were encouraged to take part in activities they liked and to be as independent as possible. People's rooms were individual to their tastes, and people were given choice and appropriate support. Staff were knowledgeable about people's likes and dislikes.

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 responsibilities in relation to the duty of candour.
- They were clear of the requirement to notify CQC of all significant incidents and concerns.

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

- The service involved people, relatives and staff in a meaningful way. People and relatives were supported to provide feedback through surveys and regular meetings. Suggestions were followed up by the service, and changes were made in response to feedback.
- Staff meetings were held regularly. Staff told us they were well supported and had plenty of opportunities to provide feedback about the service.

Working in partnership with others

- Referrals to healthcare professionals were made in an appropriate and timely manner. Records were kept which detailed involvement with other professionals, for example community matrons and dieticians.

- Staff worked in partnership with other organisations and health care professionals to improve people's opportunities and wellbeing.