MPS Care Homes Limited

Eliot House

Inspection report

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Tel: 01427617545

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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

We inspected Eliot House on 13 November 2018. The inspection was unannounced. Eliot House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to 29 older people; some of whom have nursing care needs and some of whom experience memory loss.

On the day of our inspection 27 people were living in the home.

At our last inspection on 2 March 2016 we rated the home as 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. There were sufficient staff to meet people's needs and safe staff recruitment procedures were in place and used. People received their prescribed medicines safely.

People continued to receive an effective service. The principles of the Mental Capacity Act 2005 (MCA) were followed. The policies and systems in the home supported this practice. Staff had the knowledge and skills to provide safe and appropriate care for people. People were cared for by staff who were well supported by the manager. People were supported to maintain their nutrition and staff monitored and responded promptly to people's health conditions.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them.

People continued to receive a responsive service. Their needs were reflected in care plans and staff followed the guidance in the care plans. People were offered opportunities to pursue their interests and hobbies, and join in with social activities.

The home continued to be well led. There was an open and person-centred culture in which people and staff were encouraged to share their views and opinions. Systems were in place to monitor and improve the quality of the service provided.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well-led.	**Good**

Eliot House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 comprehensive inspection took place on 13 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information that we held about the home such as notifications. These are events that happen in the home that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the registered provider.

We considered the information in the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home and the services provided, what the home does well and improvements they plan to make.

During the inspection, we spoke with seven people who lived at the home and four visiting relatives for their views about the services provided. We spoke with the registered manager, the registered nurse on duty, five care staff, the administrator, the chef, the kitchen assistant and a housekeeper. We also spoke with a visiting education professional.

We spent time observing how people and staff interacted because we were not able to have extended conversations with some people due to their communication needs. We looked at specific parts of people's care plans and observed how they received their medicines. We also looked at information provided by the registered manager related to the running of the home.

Good

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff had received training in relation to these aspects of care and support and demonstrated understanding of their responsibilities in relation to reporting any concerns they had. Where allegations of abuse had occurred the registered manager had followed local safeguarding protocols and had notified us of the action they had taken. Three staff members were identified as 'safeguarding ambassadors'. They were able to support the rest of the staff team with maintaining up to date knowledge and understanding of how to keep people safe.

Everyone we spoke with told us that safety was a priority within the home. One person who lived in the home said, "I feel safe with the staff; they're good at moving me around safely." A relative told us, "[My relative] is very safe here more so than at home; the staff make every effort." `

Where risks were identified staff knew what action they should take such as moving people's position and using specialist pressure relieving equipment to protect people's skin. One person told us about problems they had with their skin and how staff had helped to reduce the risk of sores developing. A staff member told us, "We keep a close eye on people's skin so it doesn't break down. We also make sure they get plenty to drink as this can make a difference."

Identified risks were recorded in people's care plans and were regularly reviewed to make sure they were up to date. There were systems were in place to ensure safety in areas such as fire and legionella and control measures were in place to reduce these risks. Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.

There were enough staff deployed on each shift to meet people's needs. People and their relatives told us they did not have to wait long when they required support. One person said, "They always answer my bell quickly when I ring." Another person told us that there were always staff around in lounges and other communal areas so they never had to wait for help. A relative said, "They're quick off the mark, [my relative] never has to wait long." We observed throughout the inspection that call bells were answered in a timely way.

The registered provider had safe staff recruitment checks in place. One staff member described their recruitment process, confirming that checks such as those through the Disclosure and Barring Service (DBS) and previous employment references had been carried out before they were offered employment. This

meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

People who lived at the home, and their relatives, told us they received their medicines in a timely way. A relative described how staff made sure their relative's time sensitive medicines were administered correctly. One person who lived in the home said, "They know I like a drink of juice with mine."

Staff had received training about managing medicines safely and had their competency assessed. We saw that medicines were administered in line with good practice and national guidance and medicine records were up to date. People's care plans contained clear details about specific administration processes such as when medicines needed to be administered in food and drink. The registered manager told us they were taking action to support improvements such as ensuring medicine administration times were fully protected from any interruptions.

Staff received training to understand their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises. The environment was clean and tidy and staff knew how to prevent the spread of infection.

Good

Our findings

People had their needs assessed before they moved into the home to ensure their needs could be met. A relative told us, "We checked everything out before [my relative] moved in. They knew what [my relative] needed and they get it." Another relative told us, "[My relative] was assessed as at the end of their life before they came here. Everything was in place for them but they've looked after [my relative] so well they walked yesterday and can talk to us now."

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.

In all but one case people's capacity to make specific decisions had been assessed. Where they were unable to make an informed decision for themselves there were records to demonstrate that decisions had been made in their best interest. We saw that those who knew the person well or were involved in their care had been involved in making best interest decisions. One person had recently been admitted into a shared bedroom. When we spoke with the registered manager and the person's relative and friend they confirmed that best interest decision making guidance had been followed, however this was not clearly recorded in the person's care file. The registered manager acknowledged the oversight and took action to correct this during the inspection.

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). The registered manager had appropriately notified the Care Quality Commission (CQC) when DoLS applications had been submitted and granted. We saw the registered manager and staff were working within the principles of the MCA and were meeting the conditions set out in the authorisations.

Staff told us they had regular supervision with the registered manager and were given feedback on their performance. This meant that staff had opportunity to discuss their learning and development needs, their performance and any issues they had. Staff also described a wide ranging training programme which they said helped them to understand people's needs, such as dementia awareness. A member of staff told us, "I completed all my induction training before I worked without supervision. We know what training we have to

complete to keep up to date." The registered manager had a training plan in place which showed what training staff had completed and were due to complete.

We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately. People who lived in the home and their relatives told us they felt staff were well trained. One relative said, "The staff seem to know what they're doing so I do think they're well trained. They all know what is going on so it makes you feel confident."

People's nutritional needs were assessed and there was information in care plans detailing people's nutritional needs. A nationally recognised assessment tool was used to identify if people were at nutritional risk and we saw that staff worked with external health professionals to appropriately manage any identified risks. Catering staff demonstrated a clear understanding of people's individual dietary requirements and preferences. We saw that they prepared meals to suit, such as those for people with diabetes or people who needed food to be of a soft consistency. Some people required meal supplements and we saw these were given as prescribed by the person's GP.

Staff demonstrated their knowledge of people's healthcare needs and ensured people had access to the healthcare services they required to stay as well as possible. Relatives told us that staff were quick to identify if anyone was feeling unwell and arrange appropriate healthcare for them. One person who lived in the home told us, "I told them my foot was hurting this morning; the doctor's coming later." We saw that later in the day the person was supported with a visit from their GP.

The premises and environment met the needs of people who lived there. There were a variety of lounge and quiet areas for people to use. There was an enclosed garden area that was accessible to people who had mobility issues and a lift to enable them to use facilities on the first floor. There were a range of well equipped bathrooms and toilet areas.

Good

Our findings

People were treated with compassion, kindness, dignity and respect. Observations and discussions with staff showed that they clearly knew people's needs and preferences and that they had time to listen to people. One person told us, "They know that I like to spend time on my own, I've always done it. I like to embroider and they sit and chat with me about it."

People looked relaxed and comfortable with staff. We observed people smiling and chatting when staff were with them. When people indicated they needed physical reassurances such as a hug or holding hands staff responded warmly. We saw that this helped people who found things upsetting or distressful to stay relaxed.

Throughout the day we saw staff used gentle and reassuring voice tones when interacting with people. They made sure they were level with the person, kneeling or sitting, and gave them their full attention. We saw during a meal time that staff sat with people who needed extra support and focussed on their individual needs. They explained to people what they were eating and offered food at the person's pace. Staff also supported people to maintain as much of their independence as possible. We saw one person was supported to walk using a frame with staff providing gentle encouragement and positive reassurance. Their care plan reflected this support and the person's need to maintain independence for as long as possible.

Staff attended to people's personal care needs promptly, ensuring that care was given in private. They helped people to maintain their personal dignity by, for example, ensuring people could dress as they preferred and addressed them using the names they preferred. They also asked for the person's consent before carrying out personal care.

Everyone we spoke with told us that staff were kind and caring. One person said, "They are just so lovely, nothing is too much trouble." Another person told us, "You can finish the checks now because they're excellent. I'm really happy here."

During the inspection many people received visits from family and friends. All of the visitors we spoke with told us they felt welcome in the home and were offered refreshments on arrival. Several visitors brought family pets with them who we saw were also made welcome. One relative said, "It's like a big family, I can stay as long as I like and the staff make sure I'm ok as well as [my relative]." Another visitor told us, "[My relative] has not been here long but we both feel so comfortable, I can stay for a meal if I want to."

The registered manager showed us they and staff had the information and knowledge to support people to access advocacy services if they required such. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

Good

Our findings

People had a detailed set of care plans which were personalised to their needs. The plans were kept under regular review and updated in line with any changes needed. People and those who were important to them were involved in planning and reviewing care where they chose to and were able to be. One person told us, "I know there is a plan but as long as the staff look after me well I'm not bothered. [My relative] deals with all that." A relative told us, "When anything needs to change they always talk to me about it. [My relative] came here in poor health and now they are walking and have put on weight. It's all down to the staff and their excellent support and planning."

People were supported to follow their interests and take part in activities that were socially and culturally relevant. People told us about support to maintain their spiritual beliefs and being able to engage in social activities with the local community, such as at fetes and Christmas carol concerts. One person told us how staff supported them to donate their craft work to a local hospital which made them feel proud. During the inspection the activities co-ordinator was not available and staff took the time to engage people in a quiz and discuss relevant daily news. People told us there was always something to do. Two people who lived in the home told us that outings were not as frequent as they used to be and this was echoed by relatives we spoke with. They told us this was because there was not enough staff to drive the mini bus. The registered manager told us that she had recently addressed this with the registered provider as the issue had been raised with her. The registered provider had made drivers from across their organisation available so that now outings could once again be planned regularly.

The registered manager had ensured that people had access to information that enabled them to understand their care needs and the health services available to them and this ensured people were not unduly discriminated against. For example, accessible 'easy-read' documentation was in place where required. Staff also understood how to present information in ways people could understand such as using shorter sentences or expressive body language. We saw that this helped people to make choices and decisions and understand the information that was presented to them.

We saw that complaints were recorded along with the outcome of the investigation and action taken. This was in line with the registered provider's policies. Information was available for people who lived in the home and visitors to guide them in making a complaint. People told us they knew how to make a complaint or raise a concern. One person said, "You can talk to any of them, they help to sort out anything that's not right." A relative told us, "[The registered manager] will sort out any issues; I feel able to raise anything with any of the staff."

People's preferences and choices for their end of life care were recorded in their care plan. People and their relatives told us that they had been asked about their individual arrangements and were confident staff would follow their plans. The registered manager told us how they worked closely with external health professionals to ensure people were fully supported and comfortable at the end of their life, including the provision of appropriate equipment and anticipatory medicines. We saw, from the many messages and cards received from relatives that staff had ensured people's last days were as comfortable and pain free as possible. They also indicated that staff had fully supported relatives at such a distressing time.

Good

Our findings

The home had a registered manager in place at the time of our inspection. 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.

The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived in the home. The latest CQC inspection report and rating was on display at the home and on the registered provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the home and visitors of our judgments.

There were systems in place to monitor the quality and safety of the services provided for people. We saw that the registered manager carried out a range of audits which had been effective and were used to improve the quality of services. An example of this was bed mattress audits where cleaning and replacement had taken place when issues had been identified. We also saw that redecoration and repairs to the premises had taken place in a timely manner when the need was identified during audits.

The registered manager promoted a transparent and open culture within the home. People who lived there, visitors and staff told us the registered manager was available whenever they needed them and felt that the home was well managed. They said she supported them with any issues they may have and regularly worked 'on the floor' so she was up to date with people's needs. The registered manager demonstrated a detailed knowledge of people's needs. When we walked around the home, everyone knew who she was and communicated with her freely.

Staff were confident that the registered manager would respond quickly to any concerns they had. They also knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Staff told us about the meetings they had with the registered manager as a team. They said that these meetings helped them to keep up to date with what was happening in the home and any plans in place for improvements. They told us they could share their views about the home and felt involved in what was

happening. They also told us how their work was recognised through awards for long service and 'employee of the month'. The registered manager also told us that the registered provider's operations manager had introduced them to other ways in which staff could be rewarded and plans were in place to introduce these ideas.

People who lived in the home, their relatives and visiting professionals were given the opportunity to have a say about the quality of the service through meetings and surveys. The last survey was carried out in July 2018, which showed that people were happy with the services they received.

The registered manager promoted a culture of continuous learning. Staff were supported to carry out specific roles such as safeguarding ambassadors, nutritional link staff and moving and handling link staff. This meant that the team had access to up to date guidance and good practice initiatives. One link staff member described how other staff responded well when they offered advice and support. They told us that staff would also ask them about how they could improve certain issues related to caring for people in the home.