

Sunbreeze Healthcare Limited

Elderflower House Nursing and Residential Care Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elderflower House is a care home with nursing. Accommodation is over two floors including lounge and dining communal areas. The service can accommodate up to 37 people, some of whom are living with dementia. At the time of our inspection 29 people were using the service.

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

Risks to people were not always assessed and managed. Accidents and incidents and any environmental risks were analysed to identify themes and trends. Staff knew people well and understood their responsibilities to protect people from harm and abuse.

People were put at ease by staff who spoke to them reassuringly and respected their privacy and dignity.

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's medicines were managed in a safe way by staff who had training and were assessed as competent. The service was clean, and staff wore personal protective equipment which was available throughout the service. However, some of the bathrooms upstairs required work which had been planned.

There were enough staff with the right skills and experience to meet people's needs. Staff were kind and caring and motivated to achieve good outcomes for people. People were supported to follow their hobbies and interests and to maintain relationships with the people important to them. Staff were flexible in their approach so care and support was person centred.

There was a clear management and support structure in place, people and staff were consulted and listened to. New quality monitoring and governance systems and processes were being implemented to drive improvements and identify risks. Staff worked with partner agencies, so people received all the care and support they required.

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

Rating at last inspection

This service was registered with us on 24 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

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

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 not always Safe.

Details are in our Safe findings below.

Requires Improvement ●

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 not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Elderflower House Nursing and Residential Care 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 Health and Social Care Act 2008.

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.

Service and service type

People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elderflower House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Whilst there was a registered manager, they were no longer employed at the service. At the time of our inspection a new manager had been employed who had applied to register with the Care Quality Commission.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection-

We spoke with four people using the service and two relatives. We spoke with six members of staff including a registered manager who was supporting the service, the manager, clinical lead, cook, senior carer and the head of care.

Is the service safe?

Our findings

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

This is the first rated inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not always assessed managed and monitored. One person had a serious health condition for which there was a detailed care plan but no information on mitigating future risk. We spoke to the manager overseeing the service at the time of the inspection and they assured us that this would be rectified, and risk assessments updated and written for all risks to people living at the service.
- We saw that one person had significant weight loss over several months. The manager told us that this had been referred through to the GP but there was no evidence to support this.
- Staff knew the risks to people and how to mitigate them but this was not always translated into support plans and risk assessments for new staff or agency staff to follow.

Staffing and recruitment

- We could not be assured that staff were recruited safely. There were gaps in information in staff files, no information on induction or training. However, staff told us that they had received an induction and had shadowed experienced staff when they had been employed. The manager told us that they were updating the staff files and would ensure that all of the information was completed.
- There were enough staff to meet people's needs and keep them safe. We observed staff spending time with people and responding to their requests promptly. Staff were present in the communal lounge at all times.
- A staffing tool was reviewed daily to ensure staffing numbers were safe. Staff told us that if they were below staffing number they occasionally used agency staff to ensure people had their needs met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff had training and knew how to recognise the signs of abuse.
- Staff were confident that they could report any concerns to management, and they would listen and act if necessary.
- Systems and processes supported people to stay safe. Staff were empowered to challenge any practice which did not promote this. Relatives told us that there had been concerns but management were proactive and put systems in place to give reassurance.

Using medicines safely

- People received their medicines in the right way and at the right time.
- Staff responsible for managing people's medicines had training and were assessed as competent.

- Medicines were stored correctly, and records were up to date and accurate. An electronic system of administration recording was used. This system alerted staff of any missed doses or if staff tried to give the medicine at the wrong time. Recent action had been taken in response to missed medicines to make sure the risk of this happening again was reduced.
- The manager had written new protocols for PRN medicines. PRN is medicine which is taken 'as required.'

Preventing and controlling infection

- The premises were clean and hygienic throughout.
- 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.

Two of the bathrooms on the upstairs corridor required refurbishment to ensure that they could effectively be kept clean. The manager told us that this had already been planned.

Visiting in care homes

- The service was following government guidance about visiting in care homes.

Learning lessons when things go wrong

- The manager showed us how they reviewed accidents and incidents and complaints and used the information to support changes and improvements.
- Accidents and incidents were reviewed and monitored to identify any themes. Action was taken to minimise the risk of reoccurrence.

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.

This is the first rated inspection for this newly registered service. This key question has been rated good. 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

- People had their needs assessed before moving in. Assessments were thorough and included all aspects of care and support needs and protected characteristics within the Equality Act 2010. This meant people had their individual needs met in the way they preferred.
- We saw detailed care plans which outlined the care required in a person centred way which talked about treating people with dignity and respect.
- One relative told us, "They do consult us and [name] makes it clear how they want to be cared for."

Staff support: induction, training, skills and experience

- Staff received induction and ongoing training. Staff we spoke with were very positive about the standard of training provided. However, the induction was not reflected in the staff files. The manager told us that they were working on these and showed us the new layout they proposed.
- Staff were knowledgeable and knew how to meet people's needs. Staff said they were supported by their managers.
- One staff member told us, "We receive regular training and the senior staff carry out shadowing with new staff until they are confident."

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

- We observed people enjoying a lunchtime meal in the communal dining room. The meals provided looked well-presented and appetising. Staff supported people with their meal in a sensitive way.
- There were enough staff to support people, so the mealtime experience was unhurried, relaxed and sociable.
- All care and catering staff were knowledgeable about people's eating and drinking needs. They knew about people's individual dietary needs, likes and dislikes. Staff supported people to choose what they would like to eat and drink.
- Risk of malnutrition was assessed, and action was taken when risk was identified.

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

- People were encouraged to take part in activities to promote their wellbeing.
- Care plans reflected any specific guidance about health care needs and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff supported people with access to healthcare services.

There were visiting professionals who worked regularly with the service and supported them when people's health needs changed.

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

- The service had been modified to meet people's needs and accommodate equipment to support people's mobility.
- There was a variety of communal spaces so people could socialise with friends and family or spend quieter times.
- Appropriate signage was in place to support people with dementia to orientate themselves.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found staff understood and followed this legislation. Best interest decisions were made after consultation with appropriate others such as family members and healthcare professionals. The least restrictive methods were used when people's liberty was deprived.
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.

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.

This is the first rated inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and respect. Staff spent time with people chatting or doing activities the person enjoyed.
- Staff gave us examples of how they made people feel they mattered. They knew people well and knew about the things that were important to them.
- One person told us, "Staff are lovely and caring and always take time."

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

- Staff knew people well and ensured people were offered choices about their care and support.
- Resident experience surveys were used to monitor and improve the service. The manager told us they were improving ways to obtain feedback and make improvements.
- Managers carried out observations to ensure people living with dementia were given choices and involved in their care and support decisions.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff had training and gave us examples of how they protected people's privacy and promoted dignity.
- Staff supported people to be as independent as they could be. Some people were not able to maintain their own safety, so staff provided additional monitoring and supervision discreetly. This meant people could continue doing the things they enjoyed without restriction.
- People's relatives were made to feel welcome. There was a variety of quiet areas people could use to spend time with their visitors. However, due to the pandemic, most people had their visitors in their rooms.

Is the service responsive?

Our findings

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

This is the first rated inspection for this newly registered service. This key question has been rated good. 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 were involved in planning the care and support they wanted. Each person had a care plan in place which detailed their individual preferences. Staff were flexible to meet people's needs and changing preferences.
- Care plans were reflective of people's physical, emotional and social care needs. People's equality and diversity needs were considered and met. Staff gave us examples of how they respected people's protected characteristics under the Equality Act 2010.

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

- People were supported to maintain relationships with friends and family and visitors were encouraged to come into the service.
- One person told us, "There are things to do and activities to get involved in if you want to, I don't always but it's nice that it's offered."
- The manager told us that they ensured that people were supported to take part in things which were socially and culturally relevant to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard. Communication care plans were in place for each person setting out the most effective way for staff to communicate with people. Staff knew how to communicate with people.
- We saw information in different formats was available if required.

Improving care quality in response to complaints or concerns

- The provider and staff took complaints seriously and used them as an opportunity to learn and improve. We were given examples of action taken in response to a complaint.
- People were provided with information about how to complain and who to contact. This included how to contact other organisations and advocacy services if not satisfied with how complaints were handled.

End of life care and support

- People's preferences about end of life care were used to develop a care plan so these advanced decisions could be respected by staff. 'Respect' forms were in place, so people's resuscitation status was known to staff.
- There were always qualified nurses available. Some of whom had considerable end of life care experience.

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.

This is the first rated inspection for this newly registered service. This key question has been rated requires improvement..This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a clear management structure including a new manager who was in the process of applying for registration, and a clinical lead. At the time of our inspection the service was being supported by an experienced registered manager employed at another service belonging to the provider. Audits and checks were carried out to monitor the quality of the service and identify any risks. However, further work was required to give assurances that people were kept safe and risks were assessed.
- We saw an action plan of areas which had been identified for improvement. This included an internal refurbishment and improvement in recording management oversight, including staff files, obtaining feedback and support planning and related risk assessments. However this needed to be rolled out through the service to make the improvements necessary.

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

- The culture at the service was person centred. Managers and staff were motivated to achieve good outcomes for people and were proud of what they achieved.
- Staff were supported and said they could approach their managers and were listened to. One care staff member said, "It's a good team and we are supported, we really are about those living here and new staff shadow us to see how best to care for people."

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 provider understood their responsibilities to be open and honest and to apologise when things went wrong. Staff were encouraged to report all incidents no matter how small. These were then reviewed by managers and action was taken where required.
- The provider ensured people were kept informed and apologised if errors occurred.

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

- People and staff were involved and consulted about care and support provided. Resident experience surveys were used, and changes were made accordingly.
- People were engaged in activities they liked to be involved in. We saw people were involved in activities which was relevant to their needs and which they enjoyed doing.

- Staff told us they felt well supported with regular supervisions and training.

Continuous learning and improving care

- An improvement plan was in place. Areas for improvement had been identified along with action to be taken and by whom. For example, staff induction and training documents were being introduced to make it clearer what staff were engaged in from when they start their employment.
- The manager listened to and acted upon the feedback from the inspection. The manager and staff were keen to engage in improvements and staff told us how they had developed ways to communicate with people and develop activities they enjoyed.
- The manager was open to suggestions and were keen to ensure people received a high standard of care and support.

Working in partnership with others

- Staff worked in partnership with key organisations such as the local authority and safeguarding teams. They were open and transparent so that people received joined up care and support.
- Appropriate healthcare professionals such as speech and language therapists, physiotherapists and mental health teams were consulted to support people where this was required.