

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Elderholme Nursing Home

**Clatterbridge Road
Bebington
Wirral
CH63 4JY**

Lead Inspector
Mr Paul Kenyon

Key Unannounced Inspection
3rd August 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Elderholme Nursing Home
Address	Clatterbridge Road Bebington Wirral CH63 4JY
Telephone number	0151 334 0200
Fax number	0151 3431312
Email address	elderholme@btconnect.com
Provider Web address	
Name of registered provider(s)/company (if applicable)	Wirrelderly
Name of registered manager (if applicable)	Mrs Heather Ward
Type of registration	Care Home
No. of places registered (if applicable)	60
Category(ies) of registration, with number of places	Old age, not falling within any other category (60)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:

Care home with nursing: Code N, to people of the following gender: Either.

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category: Code OP

The maximum number of people who can be accommodated is: 60.

Date of last inspection 14th August 2008

Brief Description of the Service:

Elderholme is situated within the grounds of Clatterbridge Hospital, Wirral. It is a single storey purpose built care home for elderly people, offering both nursing and personal care. The home has a capacity for 60 residents and a full range of aids such as assisted bathrooms and wheelchair access to all areas.

Elderholme has 2 dining rooms and 3 separate lounges, each overlooking the pleasant courtyard. There is good parking to the front of the home and gardens are well kept providing a pleasant outlook from rooms. The home is accessible by public transport, which is routed through the hospital grounds.

The cost of staying at the home ranges from social services rates to £625 per week.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

This was a key inspection of Elderholme and was unannounced. The visit took place during the morning and afternoon. We toured the building and looked at a number of records relating to the care provided to people living there. We also spoke with people who use the service and invited them and their families to complete surveys about their experiences of Elderholme. In all fifteen surveys were returned and comments made are included within this report. We also asked staff to comment on the service through surveys. Nine staff surveys were returned to us and again comments are included within this report. The service returned its Annual Quality Assurance Assessment to us prior to our visit and this was used to assess the care provided at Elderholme.

What the service does well:

The people who come to live at Elderholme have their needs met by the way in which the service identifies their needs before they come to live there.

People who live at Elderholme have their needs met by the way the service has devised care plans. Their health needs are met and their health and safety is promoted through the safe management of medication. They are supported in a dignified manner which respects their privacy.

The people who use the service have the opportunity to join in activities if they wish and are able to maintain contact with their families and friends. People are encouraged to be as independent as possible. Meals provided meet the nutritional needs of individuals and provides choice.

The people who live at Elderholme and their families are able to influence the way the service is run by the manner in which the service deals with complaints. People are protected from abuse.

People who use the service live in a well maintained and hygienic environment.

The people who use the service receive care from staff that are sufficient in number, qualified to do the job and trained to meet their needs. The recruitment process protects individuals.

The people who use the service receive care from a service that is managed by an experienced and qualified individual. The views of all people involved in Elderholme are gained so that an overview of the quality of care provided is gathered. The health and safety of those who live at Elderholme is promoted.

We interviewed four people who use the service and received fifteen surveys from relatives and people who use the service. Comments included:

'Staff are good'

'I feel safe here-never feel threatened'

'On the whole it is a good home; people are cared for and staff are nice'

'There are opportunities to take part in activities such as dancing; a fun day there is always something going on'

'Food is good, I have a good appetite-they try to assist people with eating-I have my independence'

'Staff are very good and helpful-they will pop in to see if I am all right-the manager is helpful

'the building is cosy nice and cleaned every morning-people are lucky to live here you cannot beat this place-I can see visitors in private-If they don't have it they will get it you-they think about people'

The building is fine-they clean it everyday-staff are very friendly.

'Its alright, staff are very kind-if I had a complaint I would speak with the manager-I receive visitors and can maintain contact with them.

'Very friendly staff', staff care about those they look after, they are not just part of their job, staff are always kind and treat people with dignity and respect and take their time to get to know residents and friends and family-always ready to smile'

'I believe all that is done is the best possible that can be done so keep on doing it-several of the staff have gone the extra mile with kindness consideration and a listening ear-I would recommend anyone to come here'

'Not a lot needs improving'

'My relation is very settled and very well looked after-no complaints they are happy so I am happy- an excellent service'

'It takes care of residents, it is well staffed, always friendly and welcoming- staff are available to speak to-very surprised and pleased that nursing homes have changed so much'

'The home cares for residents'

'General cleanliness and friendly welcome together with excellent care, good activities, notify me when my relative is not well all in all I am generally pleased with the care my mother is receiving there, they are pleasant friendly and willing'

'The home is friendly and open with more staff than other homes-the single floor layout gives a feel of staff being available at all times-activities are plentiful for those who can participate-most staff are kind patient and friendly'

'Staff are dedicated and caring it has a good layout and a nice busy feel- nobody is closed away behind closed doors'

'The home has been through a rocky patch with a change of matron but things seem to have settled down'

'The home is well organised, clean, staff are friendly, helpful to all patients and family-there is a good atmosphere and most of all they are comfortable and safe in their surroundings-I feel my mother is in capable hands I am content with the high standards of nursing care and my mind is free of any worry which I can have time to myself and not worry'

'I cannot complain of the standards in the home'

'I am very pleased with the running of the home and feel content with all aspects of the organisation'

'On arrival you are made to feel welcome-the staff are friendly and attentive to both resident and relative-all staff give encouragement and help when needed'

Staff surveys were returned to us and comments included:

'The new matron has improved communication and staff morale has also improved since she started here all of which benefits residents'

'The home cares very well for residents in all aspects medically and nutritionally; the home is kept very clean at all times and everyone pulls together and helps out when needed'

'The service caters for all the needs of residents very well-everything is done with care, consideration and everyone is asked before anything is done-nothing could be better-I think everything is done in the best possible way'

'Overall the home does everything well-care, nursing and everything'

'Elderholme creates a homely environment to our residents, offers great support to staff, offers a lot of different training to keep us up to date with our skills and knowledge in order to meet the different needs of our residents-Elderholme is an excellent place and a really happy place to work'

'I am proud to be part of Elderholme's team-the home is well run and clean. Residents are on the whole happy with the care here-activities have greatly improved-there is a high level of care and a high number of residents here and I think we cope well'

What has improved since the last inspection?

The service now takes the nutritional needs of individuals into account and offers meals that are in line with their preferences. Consideration has been given to assessing the needs of those people who require adapted or specialist cutlery to increase their independence while eating.

The service has now developed a more coherent complaints procedure and there is evidence that complaints received follow a more organised approach to investigation.

The service now has a stable staff team that are sufficient in number to meet the needs of individuals.

What they could do better:

Comments were made through surveys from the people who use the service and their relatives. These indicated that outcomes in some areas were not consistently positive for them:

'They could do better with little details such as nails and serving of refreshments which are often in the wrong kind of container for my mother due to her shaking hands'

'Call alarms are not always within reach of residents, they are often on the floor'

'carers should ensure that all residents get a drink when the refreshment trolley is brought around there have been occasions when my mother has been forgotten-carers should make sure residents drink enough and that drinks are placed within reach of residents and with a straw if necessary'

'My brothers room is sometimes cluttered with dressing and pads instead of being put away or stored-leftovers from meals are often found in the bed clothes instead of being cleared up after meals-food under the bed and stains on the carpet-I would like his nails to be cleaned regularly-all small things but they mean a lot to his family'

'I think the minibus is underused and I think twice weekly trips would give people more of a chance of being taken out-especially those with no family'

'They need to quicken response to the bell-when needing help to go to the toilet-help comes too late to avoid accidents'

No requirements are raised in this report however a number of good practice recommendations linked to these comments are raised and it is strongly recommended that these are followed.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

2 and 3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who come to live at Elderholme have their needs met by the way in which the service identifies their needs before they come to live there.

EVIDENCE:

We looked at information relating to six people who had come to live at Elderholme since we last visited. In all cases, the service had obtained information about the needs of each person either through assessments gained from Social Workers or by using its own assessment process. The information provided a picture of the needs of individuals in respect of their personal care needs, their health, medication and their social history.

We asked individuals and their families through surveys about the amount of information they receive before their family member came to live there. In all cases they considered that they had received this. Two people stated that they had not received a contract outlining the terms and conditions of their stay. It is recommended that an audit is conducted by the service to ensure that all people have been issued with contracts so that individuals benefit from security in relation to their stay there.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7 8 9 and 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live at Elderholme have their needs met by the way the service has devised care plans. Their health needs are met and their health and safety is promoted through the safe management of medication. They are supported in a dignified manner which respects their privacy.

EVIDENCE:

We looked at care plans relating to six individuals. The care plans covered details of the needs of people and included not just medical and personal care issues but also information in relation to the social needs of people. The care plans follow a recognised model that is used in nursing to support and care for individuals. In some cases, care plans had not been reviewed yet this was due to the fact that these individuals had only just been admitted within the past

month and that no review had been possible. For others of longer standing, there was evidence that care plans had been reviewed with details of progress made or otherwise. Care plans are separated into each goal set for people and the action required by staff in order to meet people's needs. Care plans include information and action by staff that is unique to the needs of each person. In turn these are reinforced by daily records that provide a clear indication of how people had been supported throughout the day.

Initially there was no evidence on care plans that individuals and their families had been consulted on the content of care plans. There was evidence, however, to suggest that relatives have been asked to make appointments to review care plans and to have the opportunity to agree with their content or otherwise.

Two comments were received from relatives relating to issues relating to nail care. These were outlined earlier in this report. It is recommended that the need for nail hygiene and general nail care is provided consistently for all people who live at Elderholme.

We looked at health records for six people. In some cases, individuals had developed pressure sores. Information was in place about the nature of these and the action taken to minimise their effect or eliminate them. In all cases, the risks faced by people from developing pressure sores have been assessed and reviewed monthly. Information is in place for transferring people and a risk assessment relating to falls has been completed in all cases. The nutritional needs of people have been assessed and include details of any additional support they need when eating meals.

Other assessments for individuals include reference to their continence and psychological health. There was evidence that the weight of people is measured on a regular basis. There was also evidence that when requested, Doctors and other health professionals are contacted when people fall ill. This was confirmed through interviews with people and surveys from relatives. All details of hospital or doctors appointments are recorded.

Five secure medication trolleys are in use one each for the five living areas in the building. All trolleys are tethered when not in use. Other medication cabinets are available and these are all locked when not in use. A cabinet for storing controlled medication is available separate from other medications. All medication cabinets are located in a treatment room which again is locked when not in use. We looked at a sample of medication records. All contain evidence of medication being recorded when received in all cases. When medication is disposed of, records are in place and separate storage for this is available. There is an audit system of stock checks in place and this enables staff to know exactly how much medication is held by the service at any time. A controlled medication register is in place. This was noted to be accurate and

contains two signatures made at the end of each shift. A monitored dosage system is in place prepared by the pharmacy supplier with blister packs colour coded for each time of the day. The pharmacy supplier visits and holds audits of the medication system with reports made available. The service has obtained a copy of a medication information book known as a British National Formulary (BNF) and was issued in September 2008. No one manages their own medication at present. Medication training records confirm that nursing staff have received medication training. Qualified nursing staff are solely responsible for medication administration and they are bound by a code of conduct of their professional body. A refrigerator is in place for the storage of some medications with temperatures monitored daily. Policies are in place for medication procedures including retention of medication following death of an individual.

We spoke to four individuals who live at Elderholme. In all cases they considered that staff provided them with their privacy and that they were able to receive visitors in private when they came. There are no double rooms at Elderholme and as a result no need for arrangements to be made to promote privacy between occupants sharing rooms. An issue at the last inspection related to doors being open during the inspection and therefore possibly compromising privacy. In all the care files examined it was noted that either residents or their relatives had signed to confirm that they wished their doors to be open. All people we spoke to considered that staff treated them with respect. This was observed through care practice with staff speaking to individuals in a friendly and helpful manner. There has been an issue with clothing going missing. The manager has identified this as relatives bringing clothes in without staff knowing and as a result they have not always been marked. Notices have been provided for relatives asking them to let staff know about new clothes that have been brought in. All clothing viewed was noticed to have been marked and also individual boxes are available in the laundry for each person to minimise loss of clothing.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12 13 14 15

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who use the service have the opportunity to join in activities if they wish and are able to maintain contact with their families and friends. People are encouraged to be as independent as possible. Meals provided meet the nutritional needs of individuals and provides choice.

EVIDENCE:

We looked at six care plans. In all cases, information had been gained from individuals about their social history as well as details of those activities and interests they had and wished to continue pursuing.

We had discussions with four people. All confirmed that there were activities on offer either in the building or in the local community. The service has a minibus for trips out. People confirmed that they were able to use this but one comment sent to us suggested that this was not used enough. It is recommended that use of the minibus is reviewed to ensure that it is being

used as much as possible. People stated that if they did not want to pursue activities then they had the choice to join in or not. Others stated that there were plenty of opportunities to join with activities. There was evidence of an activities programme on display in each living area. The service employs activity co-coordinators. The activities programme included arts and craft, exercises, bingo outings and carpet bowling. There was evidence that the service was about to hold a summer barbecue in the near future and this was advertised throughout the building.

Interviews with people confirmed that they could receive visitors at any time and that they could receive their visitors in private. Links to the local community were maintained through outings and the service had the services of volunteers in the home through Age Concern. The visitor's book confirmed that people visit their relations on a regular basis.

We interviewed four people and asked them about how independent they considered themselves to be. All confirmed that they were as independent as they could be and that if they could do something, they were enabled to do it by the staff team. Others confirmed that they considered themselves to be independently mobile and could exercise choice in their daily lives. The service is not involved in anyone's finances. People are either able to deal with their own monies or rely on family members to do this. There was evidence that some families have court of protection or have applied for this. The service has access to advocates through Age Concern and reported that one person had used this service.

In respect of food, nutritional assessments had been completed for all the records we sampled. Some individuals have specialist diets and this had been identified in the care plan and in turn information is available to kitchen staff. Care plans evidenced that where people require specialist cutlery/equipment that this is taken into account. Comments on food from residents' interviews were favourable. One person stated that they had certain preferences but that alternatives were available. Lunchtime was observed in one dining room. Most people appeared to be able to eat themselves with support needed when necessary. Cold drinks were available and light background music created a pleasant ambience. Three members of staff were in attendance and some people preferred to eat in their bedrooms. Staff supportive adopted a supportive approach during the meal asking people if they needed help rather than being assisted without being consulted. Staff interacted with residents in a friendly manner. Menus are on display in the building and indicated that choices and alternatives were available.

Two comments were made by some relatives outlined earlier in this report about the provision of drinks and containers used when offering drinks. It is recommended strongly that the provision of drinks is reviewed to ensure that all people are able to maintain their fluid intake.

We held a tour of the kitchen. Information on the dietary needs of individuals was available. The kitchen was well equipped with refrigerators, freezers and food cupboards being well stocked. The kitchen had undergone a food hygiene inspection in 2008 and no issues had been identified.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live at Elderholme and their families are able to influence the way the service is run by the manner in which the service deals with complaints. People are protected from abuse.

EVIDENCE:

A complaint procedure is on display and this includes all the information that is needed for an individual to make a complaint. Interviews with people confirmed that some knew what to do if they had a complaint while others were more uncertain about this. For those people who are more uncertain about the complaints procedure, the manager has written to all relatives reminding them of the fact they can discuss issues with her through an open door policy. Complaints records are maintained. These should evidence of complaints being investigated. Four complaints had been received by the service since our last visit with one complaint being upheld.

There has been one allegation of abuse since our last visit. This process demonstrated that the service was aware of its responsibilities and the action to take when allegations are referred to the Local Authority. There was evidence

through training records and advertisements for future training that training in the protection of vulnerable adults was available to the staff team. The service has a copy of the Local Authority procedure on the action to take if there are any allegations of abuse. A whistle blowing procedure is in place. Initially we did not consider that this provided enough information about our role in whistle blowing, however this was addressed during our visit. A gifts and wills procedure is available but this was not clear. Again this was addressed during the visit. Interviews with individuals confirmed that they felt safe living at Elderholme.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19. Service users live in a safe, well-maintained environment.
- 20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21. Service users have sufficient and suitable lavatories and washing facilities.
- 22. Service users have the specialist equipment they require to maximise their independence.
- 23. Service users' own rooms suit their needs.
- 24. Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25. Service users live in safe, comfortable surroundings.
- 26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service live in a well maintained and hygienic environment.

EVIDENCE:

We toured the building. Decoration of the building was noted to be to a good standard. The service employs maintenance staff for the undertaking of repairs. One repair was highlighted by a relative and it was noted that this issue had been identified for repair on maintenance records. Other repairs are recorded in this way. The service has a refurbishment plan which has resulted in redecoration and refurbishment to some areas since the last visit. The building is presented on one level and is accessible to individuals. It was noted on many occasions that individuals were able to access all areas of the

building independently. A garden area is available and is enclosed within the main building. This offers a large enclosed and safe area for people to use. In addition to this there are a number of conservatory areas available to enable individuals to sit overlooking the garden. Access to these areas is available to all. The garden is well maintained and receives direct sunlight. The front door is secure with access to and from the building via a coded lock. A close circuit television camera is in use but this only overlooks the external area. There was evidence of compliance with fire authorities through the testing and maintenance of fire detection equipment. There had been an environmental health report since our last visit and no issues were raised.

Domestic staff are employed by the service. No offensive odours were noted and individuals we spoke with commented that they considered the home to be clean. There was evidence of protective personal equipment being available to staff.

The laundry is separate from food preparation and storage areas. This is an organised facility and has industrial appliances installed for the laundering of clothes. Infection control policies are in place and there was evidence of ongoing infection control training in place for staff. Sluicing facilities are available as well as hand wash facilities available throughout building with soap and towels provided. Hand sanitizers are available in corridor and toilet areas as well as information on hand washing available.

A comment from a relative outlined earlier in this report suggested that they had concerns about their relative's room being cluttered with dressing and other aids and about the leaving of leftovers from meals in the room. It is strongly recommended that these issues are addressed.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27 28 29 and 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who use the service receive care from staff that are sufficient in number, qualified to do the job and trained to meet their needs. The recruitment process protects individuals.

EVIDENCE:

A rota is available which indicates a mix of nursing, care, ancillary and other administrative support staff. During our visit there were four registered nurses and twelve health care assistants. This changes to ten health care assistants during the afternoon. The rota includes the designation of staff. We received surveys from staff. These comments suggested that the service has enough staff. A discussion with the manager suggested that if more staff were needed then there would be an application to the board and this would result in more staff being provided. The people who use the service made comments which were positive about the approach of the staff team. They considered them to be helpful. Dependency levels on each person are assessed monthly and this in turn indicates and determines the level of staff support required.

Comments from two relatives outlined earlier in this report stated that the response to call alarms had occasionally been slow. It is strongly recommended that this is investigated.

The service submitted an Annual Quality Assurance Assessment (AQAA) prior to our visit. This suggested that 50% of staff had attained at least NVQ Level 2. It was noted during the visit that there was evidence that some staff have been given the opportunity to move onto NVQ Level 3.

We looked at three files relating to staff who had just been recruited by the service. In one case, recruitment had not been completed given that one reference is still outstanding. The person has not worked a shift at the service as a qualified nurse yet because of this. All other parts of recruitment for this person have been done. In other cases, all checks, references, police checks and proof of identity had been gained by the service and these people are now working in the home. Surveys from staff suggested that all checks had been done on staff prior to them starting in the home.

Training records were viewed. These suggested that mandatory health and safety training had been received by staff. This training was ongoing through posters indicating future training. Further training had been identified since the service had completed its Annual Quality Assurance Assessment and this included malnutrition, dressings, fire, artificial feeding, manual handling, safeguarding adults, funeral care, and infection control. A training matrix is available and outlined training received by staff. All training was reinforced by training certificates. There was evidence of induction into the service. One person commented induction as a nurse could have been better-others confirmed that it covered all issues.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31 33 35 and 38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who use the service receive care from a service that is managed by an experienced and qualified individual. The views of all people involved in Elderholme are gained so that an overview of the quality of care provided is gathered. The health of safety of those who live at Elderholme is promoted.

EVIDENCE:

Since our last visit, the service has appointed a new Manager. This person has been applied to us and is now registered with us. As part of that process the qualifications and experience of the manager was taken into account before

the individual was deemed suitable for the post. Comments from staff surveys included:

'The management is supportive when needed.'

'The new matron has improved communication and staff morale has also improved since she started here all of which benefits residents.'

'I regularly get support from the manager'

We looked at the way in which the service examines its own care practice. This takes many forms and includes the use of surveys in relation to activities offered in the service, the presence of a residents' committee and relative questionnaires. There was evidence that a representative of the organisation that runs the service visits weekly and any findings are outlined to the Registered Manager at a monthly board meeting which the manager attends. Questionnaires have recently been sent out to health professionals involved in the service and relatives' surveys were sent out earlier this year. Other surveys have included those in relation to housekeeping questionnaires and staff. The service has responded to requirements and recommendations raised at our last visit and we were able to see all records and interview residents in private.

The service does not deal with the finances of any person living at Elderholme at present. As a result this standard is not applicable at present.

We looked at how the service promotes the health and safety of people. Training records suggested that health and safety related training had been completed by staff as seen in training records. Steps taken by the service included the testing of fire alarms, fire extinguishers tested and emergency lighting tests. There was evidence that fire drills take place frequently. Accidents are recorded and audited monthly. The security of the building is maintained through external Close Circuit Television cameras to the front of the home and a coded lock is available for entry to and exit from the building. The service always notifies us of any incidents that have occurred that may adversely affect people's wellbeing through Regulation 37 notices. The service has its certificate of registration on display as well evidence of current insurance.

Records suggested that water temperatures are monitored monthly. All radiators were noted to be covered and there was evidence that portable appliances have been tested.

The service has a number of lifting appliances such as hoists and assisted baths and there was evidence that these were tested every six months. The safety of the electrical and gas systems was evidenced through certificates.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	N/A
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP2	It is strongly recommended that the service conducts an audit of those people who have contracts so that people benefit from security in relation to their stay at Elderholme.
2	OP7	It is strongly recommended that practices in maintaining nail care for individuals is reviewed to ensure that all individuals are receiving a consistent standard of nail care
3	OP12	It is strongly recommended that the use of the minibus should be reviewed to ensure that it is being used to its full potential to ensure that community links are maintained for all.
4	OP15	It is strongly recommended that drinks should be consistently provided to all people in suitable containers to ensure that their fluid intake is maintained as well as their independence.
5	OP26	It is strongly recommended that bedrooms are kept free of dressings and other aids to ensure that people are

		provided with home like accommodation and that hygiene standards as outlined in relatives' comments are investigated.
6	OP27	It is strongly recommended that the response to call alarms is reviewed to ensure that individuals get the support they require.



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