

Random inspection report

Care homes for older people

Name:	Eliot House Nursing Home
Address:	Crooked Billet Street Morton Gainsborough Lincs DN21 3AH

The quality rating for this care home is:	one star adequate service
The rating was made on:	16/03/2010

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:
Dawn Podmore	0 8 0 9 2 0 1 0

Information about the care home

Name of care home:	Eliot House Nursing Home
Address:	Crooked Billet Street Morton Gainsborough Lincs DN21 3AH
Telephone number:	01427617545
Fax number:	01427611718
Email address:	
Provider web address:	

Name of registered provider(s):	MPS Care Homes Ltd
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	29

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	29	0
mental disorder, excluding learning disability or dementia	29	0
old age, not falling within any other category	0	29

Conditions of registration:									
The home is registered to provide personal and nursing care for service users of both sexes whose primary needs fall within the following categories: Dementia Mental Disorder, excluding learning disability or dementia Old age, not falling within any other category									
The maximum number of service users to be accommodated is 29.									
Date of last inspection	1	6	0	3	2	0	1	0	

Brief description of the care home

Elliott House is a care home providing personal and nursing care for up to 29 older people all within the category of dementia or mental disorder. The home is located in the village of Morton, which is on the outskirts of Gainsborough. It is a listed building with a new extension to the rear of the property. A staircase can access the first floor or a lift is available. The home has 21 single and 4 double bedrooms. Thirteen of the rooms have toilet facilities. Parking is provided at the front of the home and additional on street parking is available. It is also close to the local bus route. There are local shops and public houses within walking distance of the care home.

The home is surrounded by its own gardens, which are totally enclosed, this provides security for residents staying at the home. There are also a number of patio areas where people can sit in warm weather.

At the time of the last key inspection the home's fees ranged from £355 to £752 depending on peoples assessed needs. Additional costs are made for services such as, hairdressing, chiropody, newspapers and escorting residents to hospital etc. These are all private arrangements and the individual residents meet these costs.

Information about these costs, as well as the day-to-day operation of the home, including a copy of the last inspection report, is available in the reception area or from the manager's office.

What we found:

This was an unannounced random inspection which included a visit to the home, this type of inspection is carried out to monitor how the home is operating. On this occasion we focused on the progress the home had made to address shortfalls highlighted at the last key inspection in March 2010. Two inspectors visited the home and we spent five hours speaking to people, observing care practices, looking around the premises and examining records. We also took into account information we have received from other agencies, such as the Primary Care Trust and County Council.

The acting manager was not available during the visit, but the manager from one of the company's other home's and staff on duty told us about any changes which had taken place, as well as future plans.

Health and Personal Care

The care files we sampled outlined the areas where people needed help and assistance in better detail than at our last inspection. Information about people's individual likes and dislikes, and how they preferred their care to be provided, had been added to plans so that staff had better information about people's person preferences. However not all the plans were consistent, for example one plan said that the person concerned was sometimes uncooperative regarding taking their medication, but there was no clear guidance for staff about what they should do to minimise this problem or what actions to take if medications were refused.

The records we looked at showed that assessments had been completed to assess potential risk areas, such as moving people safely. Monitoring charts were also being maintained regarding medical conditions, such as the blood sugar levels of someone suffering from diabetes and people's weights.

Although we saw that staff were completing a daily record of how each person had spent the day, regular reviews of the care plans and assessments had not taken place consistently. This means that the planned care was not being formally evaluated to make sure that it was working and to record any improvements or deterioration in the person's condition.

Information about people's ability to make decisions about their daily lives had been added to the care files. We saw that where people had been assessed as being unable to make decisions for themselves meetings had been held and any decisions made in their best interest had been recorded.

Everyone we spoke to said that they were happy with the way care was delivered by the staff and complimented the way in which they were supported. They said things like, 'they do whatever I need' and 'I can't fault them'. A relative told us about their positive experiences and how staff had changed the way they approached her mothers care as her needs changed. Another relative said, 'they never force or rush him, if he's having a bad day they work round him'. They also said that communication was very good, with staff keeping them well informed about any changes.

We saw staff moving people safely and interacting with them in an positive and inclusive way. They demonstrated a good understanding about people's care needs, as well as their likes and dislikes.

We looked at how the home was managing peoples medication. Although the records we saw were in the main satisfactory there was one gap on an administration sheet that should have been completed. It was also noted that there was no guidance in place about giving someone medications that are only given when required.

Shortfalls in recording medication administration have been identified by other agencies who have visited the home therefore the company have carried out internal audits to monitor that procedures are being followed.

Daily Lives and Social Activities

All the files we saw contain assessments of people's social needs and preferences, but these had not always been fully incorporated into a care plan. We did not see any records about what activities people had taken part in. After our visit the acting manager said that a file was currently being developed to record social interaction better.

We were told that although there was no designated activities coordinator one of the care staff had been given responsibility for providing suitable social stimulation. The people we spoke to said that they were happy with the activities available. They told us about an outing to Cleethorpes, enjoying entertainment in the home and chatting with staff. One person said that his father did not wish to take part in organised activities, but enjoyed watching TV in his room. Another relative said that staff organised quizzes. During our visit we saw staff spending time with residents and a sing-a-long took place, which people said they enjoyed.

Although this visit did not focus on the meal provision, during conversations with people they commented, 'the food is excellent', 'food is lovely, good home cooking 'and 'I can eat my meals wherever I want'. Catering staff told us how they consulted people about their individual preferences.

Environment

On the day of our visit the home had a comfortable and friendly atmosphere. We saw that staff have access to gloves and aprons, and they were seen to use appropriate hand washing techniques.

The reception has been re-organised so that it provides a more welcoming and pleasant place for people to sit, The carpet had been deep cleaned, which had removed the stains we saw on our last visit. A new ramp had been fitted at the entrance to give better access for people with limited mobility and the intercom had been repaired.

The downstairs areas were clean and fresh. The redecoration of the large lounge had been completed and new blinds purchased, and the small lounge had also been redecorated. We were told that 2 bedrooms had been redecorated, we looked at one of

these which had also had a new carpet fitted. Although the upstairs corridors decor remained the same pictures had been hung to give them a more homely feel. One of the bathrooms had been refitted as a shower room, this had been fully tiled and a new shower chair had been purchased.

As we looked round the home we noted that most doors were locked, staff said that this was to prevent people wandering into other peoples rooms. The nurse told us that once people went back to their rooms, which they could do at anytime, these were then left open. We were told that the home was currently recruiting a new handyman and therefore the locks would be addressed as soon as possible. Only one of the care files we saw discussed people having a key to their room, along with any associated risks.

The nurse call system was not working properly, however staff were aware of this and had made arrangements to make sure that bells were answered correctly. We were told that engineers were to visit the home to assess the fault so that appropriate action could be taken. An environmental audit of the home has been undertaken to establish and prioritise the work still needed, but this was not available at the time of the visit.

The people we spoke to said that they were happy with the general environment, as well as their rooms. A relative said that the home never had any unpleasant odours and always looked clean and tidy. Another person said 'they let me put all my own things in my room, it's very comfortable'.

Staffing

We looked at four staff files that showed us information about how they are recruited, trained and supervised. Recruitment information includes things like references, application forms, and criminal record bureau checks.

Since our last visit a structured induction programme had been introduced for new staff. Although there were some gaps in one of the records we sampled a new member of staff described receiving a satisfactory induction and said that they felt that it had been good.

Records showed us that the training provided to staff in 2009 and 2010 included subjects such as, fire safety, emergency first aid, food hygiene, health and safety, urology, infection control, the Mental Capacity Act, including Deprivation of Liberties, and manual handling. We also saw a training poster that said that some staff were to attend the following courses in the next 6 weeks: appraisal and supervision, team leadership, infection control and dementia awareness.

We saw staff interacting with people in a very positive way. They were very friendly and approachable and appeared knowledgeable about peoples needs. People were complimentary about staff and commented about their abilities to meet needs in a positive, inclusive and competent way. One person said 'staff are very good, they always try their best to help'. Others told us, 'staff are excellent, they understand my needs', 'staff are fantastic', 'you can't fault them' and 'the staff understand him', which they felt was down to the training staff received.

Conduct and Management of the Home

People told us that they felt that the home was well managed. They gave examples of the level of caring and understanding the manager and staff had shown them and raised no issues about the running of the home. They said things like, 'I like living here, it's a friendly place', 'can't do better than here, they look after us well', 'the manager is excellent, she rolls her sleeves up and helps the staff', 'I can't find anything bad to say' and 'the manager is very good, she knows about his condition and she and the staff keep us informed of everything that happens'. No one made any negative comments to us during the visit.

At the last inspection we said that water temperatures were too hot. Since then the company has installed regulator valves to make sure that water is delivered at an acceptable temperature. We tested the water in three locations as we walked round the building and found them to be satisfactory. However we were told that because there is currently no handyman weekly testing of water temperatures has not been consistently carried out.

A company representative has to visit the home at least once a month to assess how it is operating and complete a written report of their findings. In March we found that these visits were not being recorded, but at this visit we saw that reports had been completed. They contained people's views as well as good information about any issues that had arisen and what actions were being taken to address them.

Other agencies, such as the Primary Care Trust and Lincolnshire County Council have visited the home and identified areas that need attention. The manager has formulated action plans to address the areas of concern they raised. We saw that some things had been carried out, such as the addition of a ramp outside the front door, while other things were still to be addressed.

What the care home does well:

People told us that they receive a good standard of care and support, which they feel meets their needs. Staff interact with people in a positive manner taking into consideration their wishes and preferences. The home provides a varied menu that people said offers them choice and quality.

Staff have a good understanding of the people they support, which helped them to provide a personalised service. People told us that staff were well trained to meet their needs and that the manager was approachable and supportive.

What they could do better:

We found that although the information contained in the care plans had been improved some plans still needed more detail about people's personal preferences and guidance about how staff should support them. The care plans and assessments also need to be reviewed and updated regularly so that records clearly show if the planned care is adequate and any changes in the person's condition.

Where people are receiving medications that are given to them only when they need them there must be clear guidance for staff to tell them about in what circumstances this medication should be given.

We saw that improvements had been made to the premises however some areas are still in need of attention, this includes the nurse call system, which was not working correctly, and some bedroom door locks that were sticking.

The arrangements for meeting peoples' social needs should be recorded in better detail so that it is clear what they like to do and when they have had the opportunity to follow their pastimes and hobbies.

Staff induction records should be completed in a timely manner leaving no gaps. This will help to make sure that they have received all the information they need.

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 set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes



No



Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>Care plans must be in sufficient detail to enable care staff to provide comprehensive care.</p> <p>This will help to make sure that staff have access to clear information about the people they support and can therefore meet their individual needs.</p> <p>The last timescale of 7/6/10 was not fully met, but improvements have been made regarding the content of the care plans.</p>	07/06/2010

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	7	15	<p>Care plans and assessments must be reviewed on a regular basis and the outcomes recorded.</p> <p>This will ensure that staff have up to date information and guidance about the needs of the people they support.</p>	01/11/2010
2	9	13	<p>The arrangements for giving people 'when required' medications must be recorded robustly.</p> <p>This will help to ensure that individual people receive these medications when they need them and in a safe manner.</p>	04/10/2010
3	38	13	<p>All systems at the care home must be in good working order. This includes the nurse call system and having suitable locks on peoples' doors.</p> <p>This will help to keep people safe.</p>	25/10/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	12	<p>The arrangements for meeting peoples' social needs should be recorded in better detail so that it is clear what they like to do and when they have had the opportunity to follow their pastimes and hobbies.</p> <p>This will help to demonstrate that appropriate stimulation has been provided to each person.</p>
2	19	<p>The information gathered in the environment audit should be used to produce a plan of what work still remains to be carried out at the home and the order of priority.</p> <p>This will help to make sure that the home is maintained to a high standard.</p>

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Older People can be found at www.dh.gov.uk or got 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

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