

Ellenborough Care Limited

# Ellenborough Nursing Home

## Inspection report

9-11 Neva Road  
Weston Super Mare  
Somerset  
BS23 1YD

Tel: 01934621006  
Website: [www.cedarscaregroup.co.uk](http://www.cedarscaregroup.co.uk)

Date of inspection visit:  
15 December 2016

Date of publication:  
25 January 2017

## 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

This inspection was unannounced and took place on 15 December 2016.

Ellenborough Nursing Home is registered to provide accommodation with nursing care for up to 27 people. On the day of the inspection there were 23 people living in the home.

The care home provided nursing care and a registered nurse was on duty 24 hours a day.

The last inspection of the home was carried out 8th April 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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 was open and approachable and supported people and staff well. Their leadership resulted in people receiving skilled and effective care and support in a relaxed, happy environment.

The provider and manager had robust systems in the home to monitor the quality of the service offered to people and to bring about improvements to people's care.

There were sufficient staff to make sure people received care and attention in an unhurried and safe manner. There were registered nurses on duty at all times to meet the needs of people.

People told us staff were kind and caring and respected their privacy and dignity. One person said "There are no worries here. They are very good to me." Another person said "We are very well looked after. We get everything done for us. Staff are very kind. Very nice."

People felt well looked after when they were unwell. The home arranged for them to see healthcare professionals according to their individual needs.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

Staff were aware of how to assist people to make decisions if they lacked the mental capacity to make decisions for themselves. People were involved in discussions about the care and support they received and were made aware of any risks. The staff responded to changes in people's needs and adjusted care accordingly.

People enjoyed the food in the home. They had a very good choice of food and staff catered for people with specific dietary needs and preferences when required. Food was plentiful and the size of people's meals varied according to their appetite and preferences.

Staff had access to on-going training that enabled them to care for people with skill and knowledge.

Staff had received training in recognising and reporting abuse and were confident that any concerns would be fully investigated to make sure people were protected.

People knew how to make a complaint and everyone told us they would be comfortable to do so. All were confident they would be listened to and action would be taken to address any issues.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were sufficient staff to make sure people received care and attention in an unhurried and safe manner.

People's medicines were safely administered by staff who had received specific training and an assessment of competence to carry out this task.

There was a robust recruitment process which minimised the risks of abuse to people

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were able to choose from a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and gentle and always willing to help.

People's privacy was respected and they were able to make choices about how their care was provided.

People, or their representatives, were involved in all decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were able to make choices about they spent their days.

There was an activity programme in the home; activities were arranged in line with people's interests. Events were organised to entertain people and maintain their good spirits.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

People knew how to make a complaint and were confident any concerns raised would be responded to.

### **Is the service well-led?**

The service was well led by the registered manager.

People told us they found the registered manager open kind and approachable. We saw everyone was very comfortable and relaxed with them.

Staff felt well supported by the registered manager which led to a happy, homely atmosphere for people.

The provider supported the manager and had implemented a range of quality assurance systems.

**Good** ●

# Ellenborough Nursing Home

## **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 inspection took place on 15 December 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This included information regarding significant events that the home had informed us about.

During this inspection we spoke with 12 people who lived at the home and two visitors. We saw other people resting in their rooms, participating in an entertainment and eating lunch. We spoke with eight members of staff and the registered manager. We met the registered provider and the quality assurance manager. Throughout the day we observed care practices and interactions between people and staff in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included six care plans, three staff files and quality assurance records.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us "I have no worries. They are very good to me." Another person said "They are very, very good. There is nothing to worry about in this place." Two relatives told us they had no concerns about the service and felt their family members were safe and well looked after. One relative wrote "The staff made my (relative) feel safe which enable us to know they were in safe hands."

There were enough staff to help keep people safe. People told us they were not rushed when receiving care. Staff worked efficiently and purposefully, but were relaxed and happy. They confirmed there were enough staff and they told us they worked "as a team" to ensure sickness and holidays were covered. People did not have to wait long for staff assistance. For example call bells were answered promptly and staff responded quickly when people requested assistance with their personal care needs.

The registered manager told us they were able to adjust staffing levels to meet the needs of people. For example if someone was unwell and required additional support, then extra staff would be provided. When assessing people before they came to live at the home, the manager considered the overall dependency levels of people living in the home, and the impact a particular admission might have on people already living there.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us, and records seen, confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. A member of the housekeeping staff said they were aware of their duty to report anything they saw that worried them. They said they had never seen anything that concerned them, but were confident the manager would take action. They said "People are safe and well cared for here."

Where concerns had been brought to the manager's attention, they had worked in partnership with relevant authorities to make sure issues were fully investigated, and appropriate action had been taken to make sure people were protected.

Care plans contained risks assessments which determined people's likelihood of falling and the measures that were in place to minimise the risk. People were encouraged to be as independent as possible, and risk assessments showed how staff balanced this with the need to keep people safe. Risk assessments also included assisting people to mobilise, and reducing risks to people who were at high risk of malnutrition and

pressure damage to their skin.

Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. We saw care plans had been up-dated following changes in the risk assessments.

People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. There were suitable secure storage facilities for medicines, which included secure storage for medicines which needed refrigeration.

Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members. We checked two people's stock levels during our inspection and found these to be correct. Some people were prescribed medicines on an 'as required' basis. The nurses spoke to people and observed them, to determine whether they needed pain relief.

Each person who lived at the home had an emergency evacuation plan. These gave details about how to evacuate each person with minimal risks to people and staff. There were arrangements and procedures in place to cover possible emergencies in the home.

## Is the service effective?

### Our findings

People told us they felt well looked after by competent staff. Comments included; "They are looking after me really well. The food is fine. Staff are good." "The nurses know what they are doing. Any problems you just ask." A relative said "They look after (relative) really well. Staff are very kind. There is always someone to talk to."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. A new member of staff said "I definitely had a good induction. Staff are very supportive. They have helped a lot."

After staff had completed their induction training, they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. Staff were working towards the Care Certificate which is a recently introduced nationally recognised induction certificate. Training was available that was specific to staff roles. For example nurses completed clinical updates in venepuncture, catheterisation and verification of death.

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have.

People were seen by healthcare professionals to support them with long term health conditions and to treat acute illnesses. People's health was monitored by registered nurses, to make sure they received effective care and treatment to meet their physical and mental health needs.

One person told us they were "not too well today." Care plans detailed their problem and the nursing interventions to be taken. A doctor visited them promptly and staff fetched the medication prescribed by the doctor without delay. This meant staff had acted quickly to identify someone's short term illness, and took the correct action to obtain professional assistance and facilitate the person's recovery. At the end of the inspection they told us, "It is always like this. You can't fault them."

People's care plans showed they had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. They were supported to visit hospital consultants to receive advice and treatment for underlying health problems.

The care plans showed staff had the skills and knowledge to meet the complex health needs of people in the home. People received preventative care to minimise damage to their skin or to support them as their health changed and their illness progressed.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Some people needed support to maintain their fluid and food intake, or had been identified as

being at risk of malnutrition. In these people's rooms charts had been completed showing they had received encouragement to drink small quantities often. They had received their prescribed food supplements and were supported to eat their meals. Staff signed their names on the charts so it was clear who had delivered support and when. One person who was no longer able to express their preferences had a notice in their room that reminded staff they preferred blackcurrant juice, not orange. This showed respected their choices but also encouraged them to drink liquids they enjoyed.

People received the food and drink they liked. One person said "The food is lovely. It is fantastic. Like living in a posh hotel. If we want anything they will get it." Another person said "There is plenty of good food. You can always ask for more but you don't usually have to." At lunch time four different meals were served to people to meet their preferences. The menu displayed a choice of minced beef or sweet and sour chicken. The chef asked each person what they would choose. One person asked for and received "a bit of both." Other people had a jacket potato or vegetable bake. One person changed their mind when they saw the meal their neighbour had been served and was quickly accommodated. People enjoyed the choice of home-made sweets which included a trifle. They said "This is very, very nice. We get good food and some treats. Something to look forward to" and, "It's delicious. Really nice." People chose where they ate their meal. The majority of people ate in the dining room, and there was friendly conversation between people and the staff supporting them, but people could choose to eat in their rooms or in a smaller sitting room.

Staff had received training and had the skills required to support people who required a specialist diet or needed to be supported with nutrition in a specific way. People who had been assessed as being at risk of choking received diets and support that reduced the risk.

People only received care with their consent. People were always asked for their consent before staff assisted them with any tasks. Care plans contained copies of up to date consent forms which had been signed by the person receiving care, or a relative if they had the relevant authority.

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. There were examples in people's care plans that clearly showed the registered manager and senior staff understood the ways in which the MCA impacted on people's care on a daily basis. For example, following discussion, a person's wishes regarding resuscitation had been acknowledged and clearly documented.

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 manager was very clear about the procedures and systems they needed to adhere to in relation to DoLS. People had been referred appropriately for assessment.

# Is the service caring?

## Our findings

People told us the staff who worked with them were always kind and caring. One person told us "Nothing is too much trouble." Another person said "The staff and the manager look out for you. They seem to know what you want."

One relative said "This home is amazing. The care, affection and kindness shown to (my relative) has made a real difference. I never worry."

Throughout the inspection there were kind and patient interactions between staff and people living in the home. People were never rushed and were assisted with gentleness and good humour. Staff worked purposefully, but there was a relaxed and happy atmosphere in the home. There was often laughter between people and staff.

Staff encouraged people to be as independent as they could be. For example one person enjoyed going into town and visiting the station. Other people were supported to go out with their relatives.

People's privacy was respected, and people were able to spend time alone in their bedrooms if they wished to. Rooms were clean, fresh and homely. People had personalised their rooms with photographs and possessions.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. We spoke with two visitors who told us they were always made welcome.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. People were allocated key workers who got to know them particularly well.

People were supported to express their views and remain involved in decisions about the running of the home. They were consulted about the social events planned. Minutes of a recent residents meeting showed the meeting was well attended. People who did not attend had been asked in advance if there were any issues they wished to raise. People contributed the menu planning for Christmas and were able to request items on the shopping list. One person said they felt their call bell was not answered promptly enough. The manager and care manager agreed to investigate and monitor this. People told us they could talk to staff "at any time." One person had been asked to participate in the interview process for new staff. This had been successful and there were plans for the arrangement to continue.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When staff discussed people's care needs with us they did so in a respectful and compassionate way. Individual records were securely stored to protect people's personal information

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives.

The registered manager made sure people were supported by professionals when nearing the end of their lives, so they remained comfortable and pain free. One relative wrote staff "treated (my relative) with the greatest care and affection." Another relative wrote "The team were always attentive, always ready to respond."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. On the cold and dark winter's day of the inspection several people had decided to have a "lie-in." One member of staff said "Why should people get up early on a day like today if they do not want to? It is all about their choice. Some people will always want to be up at a set time." One person told us "We can get up when we want to. Go where we want to."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. People's care and support plans were comprehensive and based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences.

The care and support people required varied considerably. For example one person was physically able and was supported to live life as independently as possible. Their care plan specified that although they were usually independent with their personal care they would like to be offered extra help if they were tired or unwell. The importance of maintaining their independence and dignity was specified in their plan. Another person had complex health needs, and their care plan gave detailed and specific guidance to nurses and care staff concerning the care they needed, to keep them safe and as well as possible. As their needs had increased their care plan had been changed and up-dated. Daily records showed staff had responded to changes in people's needs.

Some people in the home were living with dementia. Their care plans contained clear information about the person, their abilities and their needs. Their care plans and the interactions we saw showed staff had a clear understanding of good practice when caring for people with dementia.

In addition to the main care plans, each person had an up-to-date summary in their room of their needs and any key points about their care staff must always take into account. When we spoke with staff about people they knew them really well, and were able to tell us about the care they were receiving and any current health issues.

People were able to take part in a range of activities according to their interests. The registered manager told us they believed people in the home should be supported to live as full a life as possible. They said "We do a lot of living here." On the day of the inspection people were entertained by the performance of a Christmas musical. 20 people came to watch the singing and dancing. Staff and volunteers supported people to join in and participate at their own level. People looked happy; some people sang with enthusiasm, others were happy to listen. Other entertainments had included many different types of music. The Christmas programme included annual trips to the pantomime and singing with school children. There

were regular quizzes and craft afternoons. All events were advertised and relatives were welcome to attend if they wanted to.

Staff knew people well and were able to talk to them about things that interested them. People were allocated key workers. The key workers talked to people and found out what people liked and how they preferred aspects of their care to be completed. They tried to get to know the person particularly well and help with any special wishes. For example enabling a person to go out or to access something they needed. People were supported to maintain contact with friends and family. We spoke with one relative who visited very regularly and felt they were "part of the home." Another person said "They come once a fortnight. It is really nice."

People who lived at the home felt safe and secure and able to express their views and wishes. They said they would find it easy to talk to staff if they had any issues. They found it easy to talk to senior staff but often started by talking to care staff. The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. The small number of complaints received had been recorded and addressed.

There were regular meetings for people who lived at the home and their relatives. The registered manager told us that in addition to larger meetings they often had one to one meetings with people and with relatives. This gave the relatives the opportunity to discuss issues they would not raise in public. For example they told us they had recently been trying to meet with relatives to discuss The Mental Capacity Act so they were aware how it might affect their relative.

## Is the service well-led?

### Our findings

The registered manager was appropriately qualified and experienced to manage the home. As a registered nurse they were sometimes the nurse leading the team and provided hands-on nursing care. This enabled them to care directly for people living in the home and to work closely with staff. They were enthusiastic about the service they provided to people, and committed to maintaining good standards of care. They attended workshops, training events and read current journals and guidance to keep their knowledge up-to-date and to be aware of any new developments which might benefit people living in the home.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The combination of trained nurses and well qualified senior social care staff ensured there were always senior staff available to lead the staff team and to provide support to people living in the home and their relatives.

The registered manager had a clear vision for the home. They said the service was the residents' home and staff were made aware they were there by invitation. The registered manager expected staff to respect people and their families and belongings at all times. They said it was important to "bring the outside world in." They looked for links with the community, for example a church service was held regularly and entertainers were usually local people.

Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. The registered manager said it was important to offer staff encouragement and support. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Current discussions were focussed around possible changes to shift times and how the increased demand for care at the busiest times could be managed. The registered manager said it was important to listen to staff as they often had useful detailed knowledge which would ensure a change was effective and successful. From our observations and discussions with people who lived at the home, their visitors and staff; it was apparent that the registered manager's ethos and vision for the home had been adopted by staff.

The provider and registered manager operated a series of effective quality assurance systems to monitor care and plan on-going improvements. The manager completed monthly audits and checks to monitor people's safety and the quality of the care they received. Where shortfalls in the service had been identified action had been taken to improve practice.

The provider supported the manager and assured the quality of care provided in the home through personal visits. Their team of five quality assurance personnel undertook different aspects of quality assurance. For example there were regular operational service reviews. The record of the visit by two reviewers undertaken in November 2016 confirmed the home was compliant with operational standards and identified where

some records needed to be completed and up-dated.  
There were target dates set for required actions.

One member of the quality assurance team provided clinical support to the manager and nurses in the home. For example a new pain assessment scale was currently being trialled in the home which could be used assess the pain of people who were not able to talk to staff. This meant staff had a framework with which to support people who were living with dementia.

There were systems in place to share information and seek people's views about the running of the home. Questionnaires were sent to people and their relatives, and were returned directly to the provider. The results were then discussed with the registered manager. Comments and the overall results of questionnaires were very positive. Where one person had requested an improvement to the access outside of the home this had been implemented.

Records showed there were effective systems to ensure the home and equipment were safe and well maintained. All accidents and incidents which occurred in the home were recorded and analysed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.