

# St Andrews Care Homes Ltd

## Elcombe House

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Elcombe House is a residential care home for 22 older people. Some people may be living with dementia. At the time of our inspection there were 19 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current best practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Elcombe House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 6 and 7 April 2017 and was unannounced.

The inspection was carried out by one 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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in July 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration, general observations and activities.

We spoke with five people who used the service and one relative of person who used the service. We also spoke with the registered manager, the deputy manager, the PA to the director, a senior care assistant, three care assistants and the cook.

We reviewed three people's care records, six medication records, four staff files and records relating to the management of the service, such as quality audits.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "Yes, it's safe here." Staff told us, and records showed, they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report it to the manager or CQC." Another said, "I would not hesitate at reporting a colleague."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects including, moving and handling and tissue viability. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required. This had recently been reviewed.

Staff were recruited following a robust procedure. One staff member said, "I had to bring in proof of who I was, names for references and wait for checks to be carried out." Documentation showed this had been carried out for all staff before they started. Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the serviced required.

People's medicines were managed safely. Staff told us only staff that had been trained carried out medicine administration. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in a locked trolley which was secured to the wall. We checked six Medication Administration Records (MAR) which had been completed in line with guidance. We also carried out a stock check on some boxed medication and found that stock levels matched records.

## Is the service effective?

### Our findings

People received care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "We have a lot of training. Some is e-learning, some face to face." Documentation we saw confirmed all staff had completed training appropriate to their role.

Staff told us they were well supported by the management team. One said, "We can go to [Names of deputies and registered manager] if we want to speak to them." Another said, "We discuss anything as it comes up, so much that we have little to talk about at our supervisions." We saw records which showed staff received regular supervisions and competency observations.

We observed staff gaining consent throughout the inspection. For example, people were asked if they wanted assistance, were ready for lunch and where did they want to sit or wanted to join in activities. People had also signed consent in their care plans for care, medication administration and taking of photographs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service was meeting the requirements of the MCA and DoLS.

People told us they enjoyed the food. One person said, "It is very good." The cook told us there was always two main course choices at lunch time but they would do anything else if someone fancied it. On the day of our inspection we observed breakfast and lunch. One person did not want what was offered and a number of alternatives were offered. The cook knew who required a specialist diet and who needed their meals fortifying. They had a file of individuals' food likes and dislikes. The daily menu was displayed in the dining area.

People were able to access additional healthcare when required. A relative said, "If he needs to see a doctor, they will call one." On the day of our inspection we observed a staff member take one person to a hospital appointment. Documentation showed referrals had been made when required and people were assisted to attend appointments.

## Is the service caring?

### Our findings

It was obvious from our observations that people were treated with kindness and compassion. One relative said, "The staff seem very caring." A staff member said, "It is lovely working here, everyone gets on." Staff were able to tell us about each individual, for example, their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. There was light hearted banter between staff and people using the service, this was enjoyed by both.

One person we spoke with told us they and their family had been involved in planning how they wanted their care to be carried out. A relative said, "I am involved in his reviews." Care records we viewed showed the person or relative if appropriate had been involved.

The registered manager told us that there was an advocacy service available for anyone who needed it.

Staff told us, and we saw, that they all had individual log in passwords to the computer to access care plans. This ensured only the people who should have access to personal details did so.

Some people had keys to their rooms to enable them to be kept locked and private. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately, using preferred name and when being assisted with meals or care.

We saw people visiting throughout the day. Visitors were made to feel welcome. One visitor said, "I come on a regular basis and the staff are always welcoming."

## Is the service responsive?

### Our findings

People had been involved in their pre assessment. The deputy manager told us that they carried out assessments on people to ensure they were able to support the person with their required needs. Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required. Information about people's life history was also completed with the person and family where appropriate along with their likes/dislikes.

Care plans had been written in a personalised way for each individual and were reviewed regularly. One relative told us they were always invited to attend the reviews for their loved one. They also said, "They will call me if [Name of person] is not well or to update me."

Staff carried out a variety of activities on a daily basis along with visiting entertainers and sing a longs. On the day of our inspection we observed staff doing jigsaws with people, reading the newspaper and colouring Easter decorations to put up in the lounge. One person was peeling potatoes ready for lunch. They told us they liked to do it and did it most days.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw that there had been no complaints since the last inspection.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded. They had analysed the results and used these to improve if required. There were a lot of positive comments from people and families.

## Is the service well-led?

### Our findings

Staff told us they were involved in the development of the service. They said they were supported by the registered manager who was the provider and could speak with them openly.

Staff meetings had been held on a regular basis. One staff member said, "We have regular meetings. We can say what we want and our ideas are listened to." Residents meetings had also been held to give people who used the service an opportunity to voice their views.

There was a registered manager in post who met their CQC registration requirements. 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 aware of the day to day culture of the service. Staff told us they worked alongside them if they were needed and they knew all of the people who used the service.

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. Where issues had been found action plans were in place.