

Ifield Park Care Home Limited

# Ellwood Place Dementia Care Home

## Inspection report

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31 July 2019

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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

Ellwood Place is a 'care home'. It is registered to provide nursing and personal care and support for up to 30 older persons living with dementia. The service provides long term and respite care. At the time of our inspection there were 28 people living at the service. The service is located in a residential area on the outskirts of Crawley.

People's experience of using this service:

We spent time with people during our visits and feedback received from people and their relatives was positive. There was a warm and relaxed environment and we observed a caring relationship between people and all grades of staff. People were treated with care and kindness.

People were protected from the risks of abuse and felt safe living at the service. Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff recruitment and staffing levels supported people to stay safe while going about their daily lives.

Medicines were handled correctly and safely and people received effective health care and support.

People were treated with respect and their dignity was upheld. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's diverse needs were identified and met and their right to confidentiality was protected.

The service was well led. People received effective care and support from staff who knew them well and were well trained. People benefitted from staff who were happy in their work and felt well managed and supported. They benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff. There were quality assurance systems in place to help monitor the quality of the service and identify any areas which might require improvement.

Rating at last inspection:

The service was previously registered as Ifield Park Care Home. Ifield Park Care Home was inspected in November 2017 (Report published on 02 February 2018) the service was rated Requires improvement. Ifield Park Care Home comprised four units, Woodroffe Benton House and Goodwin Court providing nursing care, Ellwood Place providing care for people who were living with dementia and Penn Court providing residential care. The services were registered as separate locations in August 2018. The services are still known locally as Ifield Park Care Home. This is the first inspection of Ellwood Place under the new registration.

Why we inspected:

This service was registered with us in August 2018 and this is the first inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Ellwood Place Dementia Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

One inspector undertook this inspection.

Service and service type:

Ellwood Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ellwood Place is registered to provide nursing and personal care and support for up to 30 older persons. The service provides long term and respite care. At the time of our inspection there were 28 people living at the service.

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The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The comprehensive inspection took place on 25 and 31 July 2019. The visit on 31 July was unannounced, which meant the provider and staff were not aware that we were coming. On 25 July we visited the head office of Ifield Park Care Home Limited to look at records relating to the staff and management of the service.

#### What we did before the inspection:

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

#### During the inspection:

We spoke with seven people living at the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, records of accidents, incidents and complaints and audits and quality assurance reports were reviewed.

#### After the inspection:

We continued to seek clarification from the provider to validate evidence found. We were sent additional staff training data that we requested, to corroborate our judgements of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. This gave staff the knowledge and confidence to identify safeguarding concerns. They knew what actions to take if they felt people were at risk of harm.
- The registered manager was clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC. The registered manager also made sure staff understood their responsibilities in this area.
- Staff had developed positive and trusting relationships with people that help to keep them safe.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health and care provision. Staff assessed risks such as moving and handling, and care plans incorporated measures to reduce or prevent potential risks to individuals. Staff provided support in a way which minimised risk for people. For example, people's risk of falls had been assessed. Clear guidelines were in place for staff to follow to reduce the risks to people. This included always having a member of staff in the communal lounge / dining area to assist people with mobility.
- The premises and gardens were well maintained and well presented. The service had a dedicated maintenance department. Environmental risk assessments had been completed, which assessed the overall safety of the service. Regular safety checks were carried out including hot water temperature checks, fire safety checks and fire equipment checks. Staff were clear about their responsibilities regarding premises and equipment.

Staffing and recruitment

- There were enough staff to provide a regular, consistent service for people. We saw staff were readily available to provide assistance and care to people. People did not wait long when they required assistance.
- Staff supported people in a relaxed manner and spent time with them.
- Staff told us they were happy with the staffing levels and told us the staffing was sufficient to meet the needs of people using the service. They said, "We all work well as a team."
- People were protected by the recruitment processes in place. These made sure, as far as possible, that people were protected from staff being employed who were not suitable. For example, checks were made to ensure staff were of good character and suitable for their role. Staff files included the required recruitment information.

## Using medicines safely

- Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use.
- There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.
- Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. The medication records contained a person-centred profile which detailed how people took their medicines, for example, with a cold drink. We saw that this was followed in practice.
- Staff told us that they had received training in medicines handling which included observation of practice to ensure their competence. They said that they felt confident administering medicines.

## Preventing and controlling infection

- The premises were clean and tidy. There were arrangements in place which protected people from the risk of infection. Relatives told us the home was clean.
- Staff received suitable training about infection control, and records showed all staff had received this.
- Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw that aprons and gloves were used appropriately throughout the inspection visit.
- Staff understood the importance of food safety, including hygiene, when preparing and handling food. Relevant staff had completed food hygiene training.
- The provider had achieved a level five (highest) rating at their last Food Standards Agency check.

## Learning lessons when things go wrong

- There had been no accidents or incidents since the service registered. However, procedures were in place to ensure any incidents or accidents were recorded, together with details of actions taken and the outcome of any investigation. Steps would then be taken to ensure lessons could be learnt when things went wrong.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective care and support from staff they knew and who knew how they liked things done. Staff demonstrated thorough knowledge of people's needs.
- People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. This ensured staff were able to meet people's needs.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- Care plans were kept under review and amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. Staff were well trained to make sure they had the skills and knowledge to effectively support people. People and relatives thought staff had the training and skills they needed when supporting them.
- On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in subjects that were considered mandatory by the provider and in line with best practice national guidance. Staff received regular training in topics including, person-centred care, mental capacity and moving and handling. Staff also received training in specialist areas relevant to the needs of individual people, such as training in caring for people with dementia .
- Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available and told us it was, "Good".

- People were supported by staff who had regular support, supervisions (one to one meetings) with their line manager and observed practice which ensured they were competent to work with people and provide the care people needed.
- Staff told us there was enough time within the working day to speak with the manager. During our visit we saw good communication between all staff. Staff told us that they felt supported and they could discuss any issues or concerns at any time.

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

- People had enough to eat and drink throughout the day. Staff were aware of people's individual preferences and patterns of eating and drinking. We saw that drinks were available at all times and people were free to decide what and when they ate.
- Staff consulted with people on what type of food they preferred and ensured that food was available to meet people's diverse needs. People told us they enjoyed the food at the service and could always choose something different if they did not like what was planned. People told us the food was "nice to eat".
- Staff regularly monitored people's food and drink intake to ensure all residents received sufficient amounts each day.
- People were weighed monthly. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight. Advice and guidance was sought from appropriate professionals to support people with their dietary needs. This was followed in practice by staff. This demonstrated that staff were monitoring people and taking action to ensure their needs were met.
- People's care plans contained comprehensive information about their dietary needs and / or any swallowing difficulties they may have.

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

- The service worked with a wide range of professionals such as general practitioners, dietitians and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met.
- Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed.
- Staff knew people well and care plans incorporated advice from professionals when received.

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

- The home was furnished and decorated in a way that people have asked for. The décor took into account people's individual needs and preferences. People's rooms contained personal possessions to reflect their individual personalities.
- People's needs were met by the design of the premises. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made.
- Staff had received appropriate training in the MCA and were clear on how it should be reflected in their day-to-day work. All staff we spoke with had a good working knowledge on DoLS and mental capacity.
- People's rights to make their own decisions were protected. The records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life. There were actions to support decision-making with guidance for staff on maximising the decisions people can make for themselves. During our visit we saw staff respected people's choices.
- Staff maximised people's decision-making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the choice available. We saw staff sought people's agreement before helping them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The caring ethos of the service was evident. There was a visible person-centred culture. We saw people were treated in a caring way by staff. People said they were treated with care and kindness. One person told us, "If I'm upset [Name] comes rushing. [Name] says, come here and give me a hug".
- Staff were skilled in talking to people and had a good rapport with people. We saw that staff were motivated and care and support was delivered kindly.
- People's equality and diversity needs were identified and set out in their care plans. Conversations with staff showed that they were aware of and respected people's individual needs.
- Throughout our visit staff interacted with people in a warm and friendly manner. Comments about the staff included, "She's nice, look at that lovely big smile".

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

- Staff focused their attention on providing support to people. They knew people's individual abilities and capabilities, which assisted staff to give person-centred care. We saw people smiling, chatting and choosing to spend time with the people at the service. People told us that staff are, "very gentle".
- People's care was not rushed. This meant staff could spend time with people. People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- Staff gave eye contact when communicating with people. They spent time listening to them and responded to them. They explained what they were doing and offered reassurance.

Respecting and promoting people's privacy, dignity and independence

- Staff chatted with people who enjoyed their company. Staff said that it was a happy place to work and that all the staff were caring and were able to meet the needs of people. People looked happy.
- We saw staff making sure people's privacy and dignity needs were understood and always respected. For example, we saw that staff knocked on people's doors and asked for permission to go in.
- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

- People's right to confidentiality was protected. All personal records were kept securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received personalised care that was responsive to their individual needs. Their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care.
- People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored, and their care plan was adjusted to meet those needs if necessary.
- People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- Daily records were consistently completed for people with any changes to their routines being recorded. These provided evidence that staff had supported people in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift.

Meeting people's communication needs; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the specific requirements of the AIS and was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.
- People's assessments included specific details of their communication needs, this information was then recorded in people's care plans. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.
- During the morning of our visit most people were sitting in the lounge chatting amongst themselves and with staff. Staff interacted well with people and all interactions were kind and friendly. A relative told us, "There's a great atmosphere. They [staff] have a laugh and a joke with the residents".

- There was a lively atmosphere. Staff told us that they liked the people's company.
- People had a range of activities they could be involved in to allow them to lead as full a life as possible. Activities included, crafts, quizzes, music and movement, singing, word games, board games. One person said they, "Liked doing jigsaws". Most days the activity coordinator spent one to one time with people.
- People were supported to maintain relationships with people that mattered to them and to avoid social isolation. This was based on staff understanding who was important to the person and their cultural background.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy and a complaints log was in place for receiving and handling concerns.
- People told us they were happy with the service. Comments included, "They are very kind" and, "I'm happy".
- Relatives told us that were confident that any issues raised would be addressed by the registered manager. They said, "We have never had any concerns".
- Staff told us that if there was a concern it would be investigated quickly.

#### End of life care and support

- At the time of this inspection the service was not supporting anyone with end of life care. However, people's preferences were sought as part of the assessment process and when appropriate.
- Staff received training in end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received a service from staff who worked in an open and friendly culture. Staff at all levels were approachable and keen to talk about their work. Staff said the registered manager was accessible and approachable and dealt effectively with any concerns they raised. Comments from staff included, "We work well together".
- We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with them. The registered manager knew people and their needs well.
- Records confirmed that staff discussed staff practices within supervision and at staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- The registered manager ensured they maintained their knowledge and skills in their role and was aware of their legal responsibilities.

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

- The registered manager was clear about their role, and all the registration requirements were met.
- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Although none had occurred, the registered manager knew what incidents required to be notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The registered manager had effective oversight of the service. They were able to provide in-depth information regarding the service without referring to documentation. This demonstrated a thorough knowledge and understanding of the service.



- Records were up to date, fully completed and kept confidential where required.

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

- There were a number of different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. People had opportunities to feedback their views about the service and quality of the care they received. This was done as individual conversations, surveys and meetings.
- The registered manager had an 'open door' approach. Staff came to the office unannounced and senior staff were available to listen to any concerns and to provide solutions to address these. Staff confirmed they were asked for suggestions on how to improve the service and felt any suggestions they made were taken seriously.

Continuous learning and improving care; working in partnership with others

- There was an effective audit system in place that included audits of different aspects of the running of the service. The audits included care plans, medicines and the health and safety of people and the premises. Where issues were identified, actions were taken to ensure everything met the required standard.
- Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns.
- The maintenance department carried out regular safety checks including those for the fire alarms, fire extinguishers and portable electrical appliances. Staff told us that any faults in equipment were rectified promptly.
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.