

Ellie Group Ltd

Elliscombe House

Inspection report

Elliscombe
Wincanton
BA9 8EA

Tel: 0196332746
Website: www.elliscombehouse.com

Date of inspection visit:
01 November 2022
03 November 2022

Date of publication:
29 December 2022

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

About the service

Elliscombe House is a nursing and residential care home providing personal and nursing care to up to 35 people. The service provides support to older people. At the time of our inspection there were 14 people using the service.

People's experience of using this service and what we found

People told us they enjoyed living at Elliscombe House. The home was well-led and managed. People, relatives and staff spoke highly of the registered manager. People were supported by kind, caring and respectful staff who promoted their independence and dignity.

People were supported safely. Risks were identified and managed. Medicines were managed and administered safely. People's health needs were met. People were involved in making decisions about their care.

The home was clean, spacious and decorated to a high standard. People enjoyed the outdoor space and country views. There was a relaxed and calm atmosphere. A range of activities and social events were available. People were supported to pursue their interests and develop new ones.

People spoke positively about the food provided and could give feedback and suggestions. Staff were well trained and supported to ensure they had the knowledge and skills to conduct their roles effectively.

Regular meetings took place. People told us the service responded positively to their feedback. The staff worked well as a team. Governance systems assessed and reviewed the quality of care.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Elliscombe House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elliscombe House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elliscombe House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people living at the service and 3 relatives. We spoke with 11 staff members which included the registered manager. We reviewed 7 people's care records and 7 medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures and audits. After the inspection with spoke with a further two relatives and gained feedback from two health and social care professionals.

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 of 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

- People told us they felt safe. One person said, "I feel safe because staff are available when I want them, and they are very accommodating, especially the registered manager." A relative said, "[Name of person] is definitely safe here. The staff are lovely and she's looked after so carefully."
- Staff understood their responsibilities to keep people safe from harm and abuse. Staff had received training in safeguarding. One staff member said, "Any concerns about care I would report it straight to [name of registered manager] and I know they would sort it straight away."
- The registered manager knew how to report safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Care plans provided guidance for staff on how to manage identified risks. For example, plans gave instructions for staff on any equipment needed to support people to move safely; this included hoist and sling details.
- Some people had been assessed as being at risk of choking. Referrals had been made to a speech and language therapist (SaLT) and guidance was available within people's care plans. Staff explained how people's specific dietary needs were reviewed and shared with kitchen staff.
- People who were at risk of pressure sores had equipment correctly in place to prevent skin breakdown. For example, air mattresses and cushions. People were observed to be supported in line with care plan guidance.
- The environment and equipment were regularly assessed and serviced. This included checking the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed effectively.
- Regular checks were conducted on fire safety equipment. Actions identified in relation to fire safety were in progress of being completed. Fire drills took place to ensure people could be evacuated safely. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Staffing and recruitment

- The service had safe recruitment processes. This included checks on identity and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We highlighted where checks on previous employment in health and social care for three people had not been conducted in line with policy and guidance. The provider addressed this promptly after the inspection.
- There was enough staff on duty to meet people's needs. Staff were visible and responded to call bells in a

timely manner. One staff member said, "We've got some nurses starting soon, and some more care staff. We have enough staff on duty to meet people's needs. We use a dependency tool which helps us."

- The registered manager was open about staffing challenges and ensured the service was growing safely with qualified staff who could meet people's needs. There was a consistent core team of senior staff. One person said, "Staffing is getting better."

Using medicines safely

- Medicines were managed and administered safely. Medicines were stored safely in people's bedrooms in locked cupboards, and temperatures of storage areas were monitored. One person said, "I take quite a lot of tablets. The staff deal with them. They are usually on time and very regular."

- Staff administering medicines had been trained to do so. We observed staff supporting people with their medicines in their preferred way. Protocols were in place for as required medicines. These were personalised and provided detailed information for staff. For example, pain relief protocols described if people tended to experience pain in the same place and the reasons why.

- Medicines were dated when opened, including topical creams and lotions. This meant staff were aware of expiry dates. Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.

- Regular medicine audits were carried out. Identified actions had been allocated to staff for completion. A family member said, "The medication gets regularly reviewed. I am not aware of any mistakes or problems."

Preventing and controlling infection

- The home was clean and maintained to a high standard. A relative said, "Hygiene is very good. The staff take care with masks and it is all kept beautifully clean. It is such a pleasant environment."

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to prevent reoccurrence.

- The registered manager and staff reflected when things had gone wrong. This ensured lessons were learnt and practice improved.

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.

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

- The home was airy, bright, spacious and decorated to a high standard. A relative said, "It is a lovely home, the environment is so nice."
- The service was accessible to move around. People had access to tended gardens and countryside views. One person said, "It is very comfortable here. I have been able to put my room as I like it. I brought my armchair and my own things. The décor is very good. It is nicely presented and the garden is kept up well. I have got a good view, sometimes I can see the deer if they come up into the top of the garden." A staff member said, "The environment helps with the mind. People can see animals and hear the birds."

Staff support: induction, training, skills and experience

- Staff received an induction, mandatory training and training specific to their job role and people's individual needs. One person said, "They [staff] are all well trained, I feel pretty confident in them." A staff member said, "I am given lots of training opportunities."
- Staff received regular supervision with a senior staff member. Staff told us they were well supported. A staff member commented, "Supervisions are very supportive."

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

- People were supported to have enough to eat and drink. Care plans contained details about people's dietary needs and support required. For example, if people used specific crockery or needed assistance with meals.
- People spoke positively about the food provided. One person said, "The food is very good." People's preferences and choices had been documented.
- The catering team were enthusiastic about their role and how they engaged with people using the service to understand the things people would like to eat. The menu was seasonal and varied. All food was home cooked where possible. The chef said, "I want everyone to enjoy good home cooked food. I want the opportunity for everyone to have healthy wholesome food and it's most important to me that they enjoy it."
- Some people were having their food and fluid intake monitored. Records we looked at showed people had their nutritional and hydration needs met. One staff member said, "People rarely lose weight here. Mealtimes are sociable. On the first day, families come and have lunch with new residents so they can see what meals are like."

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

- People were supported with their health needs and these were regularly reviewed. One person said, "If I

needed the doctor, the staff would organise that."

- People were supported by staff to attend appointments. For example, records showed people had been reviewed by SaLT and the dietician.
- The service were proactive in referring people for advice regarding specialist chairs and equipment to enable them to be safe when out of bed. A staff member said, "We get specialist assessments for people, so they are not bed bound. We are good at getting equipment for people." A relative said, "[Name of registered manager] has introduced us to so many things we didn't know about, that has improved [Name of person] comfort and safety."

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 MCA 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.

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make a specific decision, a mental capacity assessment had been undertaken and a best interests process followed.
- The service had ensured capacity assessments were thorough and information was provided in the best way and time for the individual.
- No one currently living at the service had an authorised DoLS in place. Applications had been made as required.

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

- People's choices were listened to and respected. One person said, "They always ask us what we want, they're very insistent on that." Another person said, "The staff always ask me before they do anything, they explain what they are going to do, or what's on offer, if it is a choice about something. I don't have to go to the dining room or join in an activity for example. They always take the time to listen, they respect my decisions."
- People's protected characteristics under the Equality Act 2010 were identified and respected in care plans. This included people's wishes in relation to their religion, culture and gender preference of carer.
- People's cultural and spiritual needs were met. One person said, "Visitors come in to see us from the local Church. They have a regular service here which is Church of England. I'm Catholic so a local priest comes to see me and I'll have communion. We celebrated Diwali because some of the staff are Hindu, which was interesting."

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; respecting equality and diversity

- People were supported by staff who were kind, caring and friendly. One person said, "The carers give me good attention. They will happily listen if I have got any concerns or questions. They always do their best to sort it out. They are very respectful of my needs and of me, they know what I'm like." Another person said, "I get on well with most of the staff. I like a laugh and you can joke with them. I've got two key workers and I can talk to them about absolutely anything."
- We observed positive interactions of care between people and staff. The registered manager was visible and knew people well. A health and social care professional said, "When observing interactions between staff and people who live at the home, I have seen warmth, compassion, and care." Another health and social care professional said, "Elliscombe House is one of the nicest care homes that I have visited. It is not just the high standard of decor but the approach of the staff team that makes Elliscombe House into a real home."
- There was a calm and relaxed atmosphere. People enjoyed spending time in different areas of the service and grounds. We observed people visiting their loved ones in different parts of the service. One person said, "I sometimes have dinner with another resident, the staff will take me in and we will sit together and have a chat."
- The service had received a number of compliments. One compliment read, "Thank you to everyone for making [Name of person] feel so welcome. It was lovely to see her really enjoy her supper this evening and to leave her in such a caring environment."

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

- People and their family members, if they wished, were involved in making decisions about their care. Care plans were regularly reviewed to meet people's changing needs. One person said, "My daughter came in when we discussed my care plan, I was very happy with what was recorded there, and with what changes were agreed." A relative said, "The plan of care is definitely designed to suit [Name of person] needs. It has been adapted as her needs have changed, things have been added to give her the support she needs with eating and drinking. We recently had a care plan review and we were happy with everything. [Name of person] feels very well supported."
- People were involved in reviewing their care and support. People had a named keyworker who oversaw particular aspects of their care. One person said, "I get on very well with my key worker, they are always my first point of contact."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. "They [Staff] very much look after my privacy and dignity. I think

it's that they always respect my wishes, they speak to me politely and respectfully, which makes it more comfortable when they're doing my personal care."

- People were supported to maintain their independence. A relative said, "The personal care is always lovely. [Name of person] is kept very clean. They do encourage independence, which is important to dignity."
- People told us their visitors were welcomed whenever they chose. Family gatherings and celebrations were facilitated by the service. Family and friends could come and enjoy a meal with people. A relative said, "I feel very welcome when I visit. We are invited to different events such as the Wimbledon party, Jubilee celebrations and Diwali night."

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

- Care plans gave detailed information about people's history, relationships and interests. Staff we spoke with knew this information well. A health professional said, "There is clear enjoyment in staff's roles and an obvious bond between staff and residents."
- People's care plans gave information about how people preferred their care to be delivered and their likes and dislikes. For example, one person's care plan said in relation to their preferences at night, "[Name of person] likes the duvet to be centred over their body and to be equally spread on all sides. [Name of person] likes a tumbler of fresh drinking water by the side of their bed at night, alongside their bedside clock and small torch."

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

- People told us there was a variety of activities on offer which they enjoyed. One person said, "Activities are really good here. We get asked what activities we want and can make suggestions." Another person said, "I think there's enough going on, I join in some things if I feel like it." A health and social care professional said, "Activities have been very good here."
- Activities for the week were displayed. For example, yoga, music therapy, bonfire celebrations, book club and music recitals. A staff member involved in activity provision said, "I want to improve people's quality of life and keep them doing things they enjoy. I ask people if there is anywhere they would like to go. That is where the local art gallery suggestion came from."
- The service utilised the space and grounds of the home to offer activities. For example, people told us about a summer tennis themed activity which was held on the lawn. We observed an exercise and meditation session in the orangery and an arts and crafts session in the activities room.

Improving care quality in response to complaints or concerns

- People and visitors had access to the complaint's procedures which were displayed. People and relatives were encouraged by the registered manager and staff to raise any concerns. A relative said, "I have not had any complaints as such, just little things that I discuss with the staff or registered manager as they arise."
- People told us they were happy to raise any issues or concerns. One person said, "I would talk to my key worker first, but I'd be very comfortable talking to the registered manager as well. [The registered manager] pops in and says 'hello' and asks how I am." Another person said, "I have not needed to complain as I am very satisfied with everything. I am extremely glad that I came here. I would have no qualms about talking to any of them [Staff] if I needed to, or if I was worried."

End of life care and support

- Advanced care plans were in place. These were linked with people's choices about where they wanted to receive care and support at the end of their lives.
- The service had a good relationship with the local hospice. This meant staff had access to specialist support, advice and training when needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had information recorded in the care plans about their preferred methods of communication and any assistance they may require.
- The service had a talk aloud point, which verbally shared the day's activities and menu at the push of a button. The service was developing visual information for example, food choices.

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, relatives and professionals told us the home was well-led and managed. One person said, "The [registered] manager is very good, very easy to talk to." A health and social care professional said, "[Name of registered manager] is one of the best nursing home registered managers in the UK. Their knowledge is excellent. They recognise that they need to develop this every day. The [registered manager] manages staff effectively."
- Staff spoke highly of the registered manager. "[Registered manager] gets stuff sorted; they are committed and organised. [Registered manager] is one of the best managers I've worked with. All the teams work together here." Another staff member said, "[Registered manager] is amazing, brilliant. They like to see everything is just so."
- There was a tranquil and peaceful atmosphere at the home. People told us they enjoyed living at the service. One person said, "It has a lovely atmosphere, really good, relaxed and friendly, it all works well. A health and social care professional said, "There is a calm and relaxed atmosphere."

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

- The registered manager fully understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Relatives and professionals said communication was effective. A relative said, "Communication is excellent." A health and social care professional said "Communication has been good. Families are kept up to the date, which is important."

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

- Systems were in place to monitor and assess the quality and safety of the service and make improvements as identified. For example, audits were in place for care plans, IPC, health and safety and medicines. The registered manager completed a monthly governance report which monitored and reviewed areas such as complaints, safeguarding's, staffing and training.
- Areas identified for improvement or change from these governance systems fed into an overall service improvement plan. This was regularly monitored to review progress and completion. In addition, external audits were completed. For example, by an independent organisation to review the quality and safety of the service in line with legislation and guidance.

- There was a defined staffing structure. This ensured all areas of the service ran effectively to meet people's needs. Heads of department and staff were clear on their roles and responsibilities. The service developed staff skills and knowledge and offered career progression. A staff member said, "There are good development opportunities, it is a positive working experience."
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC.

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

- Meetings were regularly held with people to obtain their feedback. One person said, "They do ask us what we'd like to do in the resident's meetings." Another person said, "We had a meeting last week, on Friday, it was very informative. [Registered manager] leads the meeting with the deputy manager. You can always say what you think. They do listen and they give a good report back on changing things."
- A 'you said, we did' board was on display to demonstrate actions taken for example, feedback to the kitchen about different desserts, planning a Guy Fawkes activity and ensuring people's wardrobe doors closed properly.
- People, relatives and staff views had been regularly sought through surveys. Results overall were positive had been analysed for any actions required. Comments included, "Home is well run, they try to solve problems. Everyone always smiling and active. I am happy here," "The Leadership appears to be highly competent, caring and professional. I feel that we have a good relationship and both sides can voice concerns and talk about issues with confidence," and "I think Elliscombe House is a warm and friendly environment to work in. The facilities are brilliant."
- There was effective communication between the staff team. Daily heads of departments meetings occurred along with, regular team meetings and handovers.
- There was a positive staff culture. Staff we spoke with told us they worked well together. One staff member said, "The team works well together. Issues are easily solved and there is constructive dialogue."

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured the service continually learnt from events and strove to improve care. Staff told us learning was shared with them following accidents, incidents and safeguarding concerns.
- The service had developed partnership working with different religious organisations to ensure all faiths were catered for at Elliscombe House. A family member said, "They do celebrate a wide range of things, like Diwali and they had a rainbow celebration for LGBTQ. There's a Church service at least monthly, and my relative also has communion which is important to them."
- A regular partnership had been established between the home and a toddler group. People told us how much they enjoyed these sessions. One person said, "The 'wrinkles and wiggles' activity was really fun. I enjoy seeing the children play."