Harbour Healthcare Ltd

Elburton Heights

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Elburton Heights is a care home that can accommodate up to 85 people who require nursing or residential care. The home can provide care to younger and older people who might be living with a physical disability, a mental health need or with dementia. The home has four separate units: Maple provides nursing care; Willow provides nursing care to people living with dementia; Birch provides residential care and Sycamore provides residential care for people living with dementia. Each unit had its own communal facilities. At the time of the inspection 57 people were living at the home.

People's experience of using this service and what we found
At the previous inspection we found the home was not providing safe care that met people's needs and preferences, this included receiving medicines as prescribed. People were not treated respectfully, and their dignity was not upheld. There were insufficient numbers of staff to meet people needs and provide them with opportunities to engage in social activities meaningful to them. Staff had not received the training they required to fulfil their role. The environment was not suited to people's needs, particularly those living with dementia. Governance systems were ineffective in assessing, monitoring and improving the service. We identified nine breaches of regulations.

At this inspection we found significant improvements had been made and the home was no longer in breach of the regulations. However, we have made three recommendations for improvement.

People and relatives told us the home was now being well managed and said they felt safe. One person said, "I am really safe here because staff take great care of me 24/7." People were supported by kind, caring and respectful staff. One person said, "The staff are absolutely caring – the best I've ever had." In relation to the management of the home, a relative said, "It has really improved in the last six months. The new manager is doing an excellent job in improving Elburton Heights."

Risks associated with people's care needs had been assessed and management plans were in place to mitigate these. Care plans guided staff about people's needs, although some required more detail to ensure people received consistent care in a way that met their preferences. Tools used to monitor people's support around eating and drinking, continence and skin integrity were not always complete or reviewed by senior staff or nurses. However, we found this did not have a negative impact on people's health, safety and well-being.

People told us they enjoyed the food provided. People's comments included, "This is the best food I've eaten in a care home" and "What I like here is that if you don't like the meal you can have something else without a fuss." Risks associated with eating and drinking, such as choking and poor nutrition, had been assessed and guidance sought from healthcare professionals.

Medicines were being managed safely and people were received their medicines as prescribed. There were

suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.

Staff training had significantly improved with the majority of staff having completed all mandatory training required by the provider. Staff demonstrated a good understanding of people's needs and preferences. However, we found further consideration was needed to support people to engage in activities meaningful to them. For example, we found staff did not turn off the radio when putting on the television, and the sound from both were in competition. Also, in Sycamore, the residential dementia unit, improvements were required to the environment and with providing more opportunities for people to be socially engaged.

Sufficient staff were employed in all four units, although some relatives felt staffing at weekends could be improved and we discussed this with the manager. On both days of the inspection we saw people being supported in a timely way, staff spent time with people in the lounge rooms, and the morning medicines rounds were completed promptly. Staffing arrangements were consistent throughout the week, however, the home did rely on some agency staff to cover sickness and holidays. Staff recruitment practices were safe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Elburton Heights

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 Care Act 2014.

Inspection team
On the first day of the inspection, one inspector, an assistant inspector and an Expert by Experience commenced the inspection. On the second day of the inspection, two inspectors completed the inspection, one of whom was a pharmacy inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Elburton Heights 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.

The service had a manager who was not yet registered with the Care Quality Commission. However, they gave assurances they would be making an application to the CQC shortly after this inspection. This means that, once registered, 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 first day of the inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We also met on two occasions with the local authority, professionals who were working with the service, and the manager and provider. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us 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.

During the inspection-
We spoke with 17 people who used the service and 18 relatives about their experience of the care provided. We spoke with the provider, regional manager, the home's manager, four unit managers, the deputy manager and 14 members of staff including nurses, care workers, housekeeping and laundry staff, and the chef. 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 six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, internal audits, complaints management and staff training records were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Although we found the home had made significant improvements, the changes made to the processes to keep people safe and protected from avoidable harm, had not yet had time to become embedded in practice.

Systems and processes to safeguard people from the risk of abuse
• At the previous inspection we found people living in Willow and Maple nursing units were not kept safe from avoidable harm or abuse. People were seen to be anxious and distressed and staff were not provided with information about how to support people at these times. Where people had come to harm, records did not show how this was dealt with and whether the incident was reported to the local authority. At this inspection we found improvements had been made.
• People and relatives told us the home was safe. Their comments included "I am really safe here because staff take great care of me 24/7", "I've no concerns about safety because the staff do a good job" and "My [relative] doesn't want to leave Elburton Heights because she feels safe and happy here."
• All staff had received training in safeguarding people and were aware of their responsibilities to report concerns over people's safety and welfare. Staff were confident the management team would address any concerns without delay, but also knew who to contact external to the home, such as the local authority, the police and CQC. Information about how to raise a safeguarding concern was available throughout the home, for people, relatives and staff to refer to. The home had appointed a 'safeguarding champion' who ensured all staff were aware of their responsibilities.
• The manager and management team worked alongside staff to review people's needs, support people if they became distressed, provide a role-model for good practice, and to review staff's performance and interaction with people. Staff demonstrated a better understanding of how to support people who might become anxious or distressed.
• Since the previous inspection, the home had been working co-operatively with the local authority's safeguarding, commissioning and quality assurance and improvement teams to ensure people's needs were understood and were being met.

Assessing risk, safety monitoring and management
• At the previous inspection people could not be assured risks associated with their care needs would be identified or mitigated. At this inspection we found improvements had been made.
• Each person's care needs had been reviewed by an external health or social care professional and by the home's management team. Care records included risk assessments in relation to mobility and falls; eating, drinking and nutrition; continence management and skin care, as well as risks associated with health conditions such as diabetes.
• We reviewed the care needs and records for six people with complex care needs. Care plans and daily care records were accessible and used by both the care and nursing staff. Information was clear and guided staff how to reduce people's risks, including what action to take should the blood sugar level of a person with

diabetes become too high or too low.
• Monitoring forms were used and checked throughout the day by nurses and/or senior care staff to review how well people were eating and drinking, and whether they had received the support they required for continence management and skin care. However, we found one person's records in relation to eating and drinking had not been fully completed and we brought this to the attention of the nurses and manager.
• Referrals to healthcare professionals for specialist assessment and advice had been made and advice was being followed. For example, in relation to the risk of choking, poor nutrition, skin and wound care, as well as in relation to people's mental health needs.
• The home used equipment to support people's care and reduce risks. For example, airflow pressure relieving mattresses to reduce people's risk of developing a pressure ulcer and sensor equipment to monitor people's movements. Staff undertook regular checks of the mattress setting to ensure these remained correct and we saw they respond quickly when alerted to people moving from their bed or chair. This helped reduce their risk of falling.
• Since the previous inspection, where few staff were found to have up to date training in practical moving and handling, records showed 96% of staff had undertaken training in safe moving and transferring using a hoist and 86% of staff had received training in falls prevention. This showed staff had been provided with the information and knowledge they required to keep people as safe as reasonably possible. Three trainers, and an on-going training programme ensured refresher training would be arranged when needed. We observed staff supporting people using a hoist on three occasions and this was done safely, with staff informing people what they were doing and what to expect.
• Environmental checks were completed regularly to ensure the building, gas, and fire safety aspects of the service were safe. One person told us, "I feel safe because there are frequent fire drills."
• Personal evacuation plans ensured people's needs in relation to evacuating the building were understood.

Using medicines safely
• At our last inspection the management of medicines was not always safe. At this inspection we found medicines were being managed safely and people received their medicines as prescribed. One person said, "The drug rounds are always on time here" and a relative said "[name] always gets her meds on time."
• There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
• Guidance was available for care staff to be able to apply creams and other external preparations correctly, and records showed when these were applied.
• There was information to guide staff on when medicines prescribed 'when required' should be given. The administration of these medicines was monitored so medicines reviews could be arranged when necessary.
• Staff received medicines training and competency checks had been completed to make sure they gave medicines safely.
• Weekly reports were generated from the electronic medicines system to monitor any doses which had not been given for any reason. Any issues were reported to the GP so medicines prescribing could be reviewed when appropriate. Regular monthly medicines audits were also completed. These identified any necessary actions which were put in place to improve the way medicines were managed.

Staffing and recruitment
• At the previous inspection we found there was a serious lack of staff to meet people's needs and keep them safe on Willow and Maple nursing units. At this inspection we found improvements had been made and there were sufficient staff employed in all four units. On both days of the inspection we saw people being supported in a timely way, staff spent time with people in the lounge rooms, and the morning medicines rounds were completed promptly.
• The home used a dependency tool to assess people's staffing needs and plan staff support accordingly. Regular discussions between the manager and heads of each unit ensured the staffing levels were kept

under review.
• Systems were in place to ensure staff were recruited safely and were suitable to be supporting people. Pre-employment checks included references, proof of identity and disclosure and barring service checks (DBS). A DBS check allows employers to make safer recruitment decisions. In addition, all registered nurses had their registration with the Nursing and Midwifery Council (NMC) checked prior to the commencement of employment and every month thereafter. Records were maintained of when nurses were required to revalidate their registration.
• People, staff and nearly all the relatives we spoke with told us the service had sufficient staff in place to meet people's needs safely. One person said, "Staff come immediately when you need them." Relatives said, "Staffing has improved a lot in the last six months and the regular staff do a good job as they know [name's] likes and dislikes" and "There are more regular staff on duty and nice to see more male carers."
• However, three relatives said they didn't think there was enough staff, particularly at weekends. One said, "The staff do a good job, but not enough of them especially at the weekends" and another said, "I think there are staffing issues on a Sunday as always more agency staff around who don't know the residents like the regular ones." We discussed this with the manager and reviewed the duty rotas for five weeks prior to this inspection. These showed the numbers of staff for each day of the week remained the same, but at times the home did need to use agency staff to cover sickness and holidays. The manager said they used the same agencies and tried whenever possible to have the same members of staff who were familiar with the home.

Preventing and controlling infection
• At the previous inspection we found parts of the home were not clean and hygienic, and carpets were stained. Furniture and equipment were seen to be dirty or broken and we asked for some of this to be replaced. At this inspection improvements had been made.
• All areas of the home were found to be clean and free from odour. People told us they found the home to be clean. One person said, "To be honest this is the cleanest home I've lived in", and another said, "It's spotlessly clean."
• Furniture and equipment were clean and in good order. However, some floor coverings still required replacement, and this had been planned.
• Staff had received training in infection control and were aware of infection control procedures. They had access to personal protective equipment, such as gloves and aprons, to reduce the risk of cross contamination and spread of infection.
• Care staff and laundry staff told us the process for handling people's laundry which reduced the risk of cross infection.

Learning lessons when things go wrong
• The provider, regional manager and manager had reviewed how the home had previously failed to provide safe care and support and had established an improvement plan. They had reviewed the governance systems for monitoring the home by all levels of management and made changes to the home's management structure.
• Systems were in place to review, learn and make improvements when something went wrong. Staff recorded accidents and incidents, and these were analysed by the manager on a regular basis to identify any trends or themes. Any lessons learnt were shared with staff to improve the service and reduce the risk of similar incidents.

Requires Improvement

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
• At the previous inspection we were concerned people were not receiving enough to eat and drink, particularly people living with dementia. There were insufficient staff to help people eat their meals in a timely way. We were not assured people who did not eat well had been given their prescribed nutritional supplementary drinks. At this inspection we found improvements had been made. However, some further improvements were required with monitoring people's food and fluid intake and the use of nutritional supplementary drinks.
• It was not possible to ascertain from one of the six people's care records we reviewed whether the person was drinking the nutritional supplementary drink prescribed by their GP. Only on three of the previous seven days had staff recorded the nutritional supplement being given, but there was no record any of the drink had been taken. Neither was it possible to see from their records whether they were eating or drinking enough, as there were gaps in recording. Nursing staff told us these records were checked periodically throughout the day to monitor people's intake. However, it was not possible to ascertain when these records had been checked, and where gaps were noted, what action had been taken. Staff were not recording whether the person had been offered an alternative meal when they had not eaten well, although it was clear they ate better on some days than other days. On three days, this person had not been offered a drink for periods of between three to five hours. They may have been thirsty and relying on staff to meet this need.
• We discussed this person's care with the nursing staff and checked their nutritional risk assessment and care plan. Nursing staff said the person was drinking their nutritional drink, and there had been a failing in maintaining accurate records. This was supported by other records which showed this person had steadily gained weight over the past three months, indicating they were receiving enough to eat to maintain their health.

We recommend the provider strengthens its food and drink strategy to ensure people's nutrition and hydration needs are being closely monitored and met.

• Other people's nutritional and hydration needs were being well managed, including those who were unable to take any food or drink by mouth and who required their nutrition to be given through their abdomen into their stomach. Where needed, specialist assessment and support was provided by dieticians and speech and language therapists for those people at risk of choking.
• People told us how much they enjoyed the food provided. People's comments included, "This is the best food I've eaten in a care home", "What I like here is that if you don't like the meal you can have something

else without a fuss" and "In between meals there are drinks, snacks and fruit available."
• Relatives also commented favourably about the quality of the food. One said "[name] eats very well, he has a good appetite" and another said, "[name] loves the food."
• Two relatives told us they were concerned whether their relations would eat and drink well as they had lost interest in food. Staff told us how they encouraged people to eat, offering different foods, including finger foods, smaller meals and snacks throughout the day. People at high risk of significant weight loss and malnutrition were weighed weekly and had been referred to a dietician.
• We observed people eating their lunch in all four units. Dining areas were set up with tablecloths, napkins, condiments and flowers, and food was pleasantly presented.
• A large print, pictorial menu for the day was on each table and people were offered a choice at the time the meal was served. This meant for those people living with memory loss, they could choose what they wished to eat when they saw the meals.
• People who required assistance to eat were being assisted by staff. Staff engaged people in conversation and asked them if they were enjoying their meal. People were offered alternatives, and whether they would like any more to eat. For example, one person told staff they didn't like their meal and was offered another choice which they declined. However, the person accepted the pudding and was given an extra one.
• Adapted crockery supported people's independence with eating and drinking. For example, lipped plates and two handled cups.

Adapting service, design, decoration to meet people's needs
• At the previous inspection we found the environment on the nursing units did not promote independence or provide a pleasant place to be. At this inspection we found significant improvements had been made to make the home more pleasing and comfortable for people. However, refurbishment in Sycamore, the residential dementia care unit, had not yet been completed, and the communal areas did not reflect the level of comfort in the other areas of the home. The manager and staff described the plans to enlarge the lounge room and provide more choice with where people spent their time and ate their meals. Also, more items of interest would be placed around the unit for people to engage with.
• Signage around the home helped people orientate. Clocks displaying the day, date and time had been placed in communal areas, although the clocks in some people's rooms were found not to be correct and identified this to the staff team.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● At the previous inspection we found people's health care needs were not being met and staff failed to recognise when people's health was deteriorating. At this inspection we found improvements had been made and people and relatives were more confident staff would recognise and act upon people's changing health. Relatives said the home quickly contacted people's GPs if they were unwell. One relative said, "[name] was unwell recently and the staff sorted it out really quickly" and another said, "The staff are brilliant with [name] and pick up on how she is feeling."
• People's care plans contained information about people's oral health and what support they required with mouth care. Where people required staff support, this was made clear.
• Feedback received prior to the inspection from professionals involved in assessing people's needs and supporting the home, demonstrated an improving picture with staff working more closely with other agencies. Records showed staff made referrals to health care professionals such as GPs, community nurses, occupational therapists, podiatrist, opticians and dentists. Where specialist advice was required, for example with wound care, this had been obtained and guidance made clear in people's care plans.

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

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Staff had undertaken training in the MCA and were working within its principles. Staff understood the importance of enabling people to make their own decisions about their care as much as possible. One member of staff told us, "Giving personal care with someone with dementia sometimes it can be quite difficult, but we always talk through what we are doing and ask before doing it. If they refuse it is their home and they have every right to refuse." Staff understood about offering support at different times and from different staff, to allow people to make a decision about when and how they were supported.
•Care records contained a number of assessments of people's capacity to consent to their care and support. Where people no longer had capacity, best interest decisions were made on their behalf with the involvement of relatives and health and social care professionals. Staff described how they would support people who might lack capacity and encouraged them to make day to day decisions for themselves. One member of staff said, "I will encourage and do a lot of demonstration with them, and when they say they can't, I say, 'shall we do it together' and try to get them to do it. So, it's about verbally prompting, they don't want to lose that independence and if we can keep it going we should try extra hard."
• Where people were unsafe to leave the home unsupported, applications had been made to the local authority to authorise restrictions. Some of these were waiting authorisation, but where authorisation had been granted, conditions were being met.
• People's care needs were assessed prior to their admission to the home and routinely once admitted. The home worked well with other health professionals to ensure people's needs were well understood and could be met at the home.

Staff support: induction, training, skills and experience
• Since the previous inspection, the home had implemented a robust training schedule. People and their relatives were confident staff had the skills and knowledge to meet their needs. One person said, "Staff are well trained here. I get the care I need, and they adapt this to how I am feeling on the day."
• Staff said they were now well supported with training opportunities and were confident they were provided with the training they required to understand and meet people's needs. Training topics included health and safety subjects, as well as those relating to people's care needs, such as dementia care, managing the risk of choking, nutrition and skin care. Staff told us they valued the dementia care training. One staff said, "The virtual dementia training was absolutely amazing, it totally opened my eyes to seeing a different side, it just made me look at things differently" and another said, "It made us understand how the residents feel." Nurses told us they were supported with their revalidation with the NMC and to undertake specialist training such as for syringe drivers.
• Where staff had shown a particular interest in a care topic, they had been supported to become 'champions'. For example, the home had champions for dementia care, nutrition and the prevention of falls. This meant they undertook additional training and reviewed how effective the home was in supporting people with their needs.
• Staff told us they had completed an induction and did not work unsupervised until they had been assessed

as competent to do so. Staff new to care were supported to undertake the Care Certificate. This is a national induction programme for new care staff. One newly employed member of staff told us their induction had been thorough and they felt very well supported.

• Staff had regular opportunities to meet with a member of the management team for supervision, appraisal of their work performance and to discuss their training and development needs. One member of staff told us how well they were supported, they said, "This is the third manager I 've had since I've been here, and this is the best it has ever been. Having [name] as our nurse has been amazing and having a nurse to support you and help with things has been brilliant. [The manager and deputy manager] are easy to talk to and they are here to support us, and you can go to them if you have a problem."

Good

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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
• At the previous inspection we found people were not respected or supported by compassionate staff. People's dignity was not protected, and their possessions were not respected. Some areas of the home were poorly decorated and furnished. At this inspection, we found improvements had been made.
• When we arrived at the home at 08:00 on the first day of the inspection, we found the home to be clean, tidy and free from odours. Few people were out of bed, and those that were, were well groomed and enjoying breakfast. For those people who were still in bed and we could see from their open doorway, they were in clean bedding, and looked comfortable.
• People told us they were supported by kind, caring and compassionate staff, and were treated with respect and dignity. One person said, "The staff are absolutely caring – the best I've ever had" and another said, "The staff are very good". One person who was unable to share their views verbally, gave us a thumbs up sign and nodded their head and smiled. Relatives told us the home had improved very much since the last inspection, and staff were caring. One said, "The staff have been brilliant with [name] since day one" and another said, "The staff are lovely and patient." People and relatives told us the home was a calm environment which they enjoyed
• Staff demonstrated they had a better understanding of how to support people who might be resistive to receiving assistance with their personal care. Staff told us they would use objects to support their communication with people, such a bowls and flannels, as well a walking with people to the bathroom. They said if people declined support they would respect this but would go back later and try again or ask another member of staff to offer support. Staff recognised the importance of getting to know people and care plans held information about people's preferences. One member of staff said, "A person may not be so happy in the morning, but might be more active in the afternoon, so you get to know when to approach them."
• Staff told us they were now proud to work at the home. One said, "I am quite passionate about my job and I am proud of it all", and another said, "In general I think the unit (Willow) has become more settled and the staff feel more supported in their roles and that is reflected in their care for the residents and you can see things are better for them."
• Staff had received training in promoting equality, diversity and inclusion, and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected. An LGBT+ champion ensured staff had a good understanding of people's rights and promoted the home as an inclusive service.
• Care plans contained information about people's past, cultural and religious beliefs. People and relatives told us the home supported them to continue to attend and maintain links with their places of worship.

Respecting and promoting people's privacy, dignity and independence
• From our discussions with people, relatives and staff, we found respecting people's privacy, dignity and independence was understood and promoted. One person told us, "The staff never rush me and understand that some days are better than others." One member of staff said, "It's important to make sure they [people] can carry on with their daily lives and make sure people are happy and I do not want people feeling lonely", and another said, "Everyone is treated according to how they want to be treated, and with certain residents, we do try and encourage them to do things for themselves."

Supporting people to express their views and be involved in making decisions about their care
• At the previous inspection, people and their relatives did not feel involved in their care planning and none of the relatives had seen a care plan. At this inspection people and relatives said this had improved.
• People told us they saw their care plans and contributing to making decisions about their care. One person said, "I see it [the care plan], keep an eye on it and have the chance to comment on what is happening". Relatives also confirmed they knew about their relative's care plan. One said, "I get to see [name's] care plan when it is reviewed", and another said, "My sister gets involved when [name's] care plan is reviewed and comes in for a meeting."
• Regular care plan reviews gave people and relatives opportunities to discuss their care needs and how they wished these to be supported.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

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

• At the previous inspection we found people had little opportunity for social engagement and people spent long periods of time alone. At this inspection, we found improvements had been made and the environment now provided a more pleasing and interesting place to live. Although some further improvements were required for people living in Sycamore unit, with opportunities to engage in activities meaningful to them. Better recording was required when people were involved in activities other than care tasks.

• Those people who were able to share their views with us, and most of the relatives we spoke with were happy with the care provided. Their comments included, "It's much improved. They [staff] recognise what is important to mum and respect that", "There have been many improvements recently – let's hope it stays that way" and "I'm very happy now things are improving." One relative told us their relation was comforted by caring for an empathy doll and staff respected this. They involved the person's 'baby' in conversations and helped them care for the baby. We saw this person had their baby with them, as well as other people gaining comfort from soft toys.

• However, some relatives felt the support on the dementia residential unit, Sycamore, could be improved to provide a more personalised and engaging environment. The manager and staff were aware of this and were making changes to the environment, including making one of the lounge rooms larger and adding an additional window to provide a view of the main shopping street. They were also looking at developing more opportunities for people to engage in meaningful activities, both of a domestic nature and for enjoyment. To address this, the home had employed a 'lounge assistant' whose role it was to support people to engage in activities, as well as to promote increased interest in eating and drinking.

• During our inspection staff did not always give consideration to support people's engagement. For example, in one lounge room, music was playing while people were sitting enjoying a drink. When staff brought another person into the room, they asked for the television to be put on. However, the staff did not ask other people if they would like the television on and did not turn the music off. This meant both the sound of the television and the radio were in competition and neither could be heard clearly.

• It was not always possible to see from people's records what social activities they had been involved with; this was particularly the case for those people who might need support to engage or who did not wish to engage in group activities.

We recommend the home seeks guidance from dementia care specialist organisations about engaging people in meaningful activities, and to improve their records to demonstrate people's engagement.

• The home employed three activities co-ordinators who organised and supported people to engage in leisure and social activities, both in and out of the home. Pictures showed people had enjoyed a wide variety

of events, such as baking, dusting ornaments, singing, craft work, gardening, celebrating events as well as going to local places of interests such as cafes and shops. For example, during the recent Rugby World Cup people had enjoyed watching the rugby with beer and crisps, and a relative told us how the home had supported and their them to celebrate their relation's birthday with a party. They said, "It was [name's] birthday recently and there were balloons on the door and we had a good day." One person told us, "I like all the different things we do." A relative said, "[name] goes to them all and enjoys them" and another said, "We like to come to the Tuesday coffee morning for residents and their relatives, which is a lovely family event. People like seeing my grandchildren."

• The home had regular volunteers and befrienders, including children and young people, who visited people to engage with them in conversation and to support activities. People told us how much they enjoyed this.

• During the inspection we saw people enjoying musical entertainment, as well as participating in the home's choir. On both occasions staff were seen to encourage people to sing and were singing along with them. People were smiling, singing and laughing. One person said, "We have the choir today, I really like that", another said, "I like the singers who come in." We also saw many people, relatives and friends enjoying the weekly coffee morning with a large selection of homemade cakes. People enjoyed the activity and conversation this event brought. We also observed evidence of good practice with staff engaging people with tasks around the home, such as tidying away crockery and laying table cloths.

• For those people who were being cared for in their rooms because of poor health or who preferred a quiet environment, staff said they sat and talked with them and looked through memory books and photographs.

• Consideration had been given to providing items of interest around the home and in the garden directly resulting from people's known interests. For example, a large model trainset had been designed with one person in mind who had a great love of trains, and a golf putting green, a fish pond, a pen for guinea pigs, and raised flower beds had been created in the garden. Staff said people very much enjoyed these. In addition, a hairdressing salon and nail bar had been created. This resembled a community hairdressers and people were provided with seating and tea and coffee making facilities to promote engagement with others.

• People were supported to maintain relationships with people important to them. We spoke with friends and relatives who all said the home had improved since the previous inspection. One relative said, "My family see this as their second home. We are made to feel very welcome." Another said, "We are one big family here. I enjoy visiting and chatting with her and other people and staff and joining in the various activities."

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

• At the previous inspection we found people living in the nursing units were not receiving personalised care. At this inspection we found improvements had been made and we received positive feedback from people and relatives. However, some further improvements were required with the detail held in people's care plans.

• Each person had a care plan containing information about people's care needs, such as requiring support with personal care, eating and drinking, mobility and skin care. Some of this information provided good guidance for staff while other information was less detailed. For example, information about how to support people with a risk of choking was detailed and specific, as was how to support a person using a hoist. However, topics such as personal care were less detailed. For example, some people's care plans described them as requiring two care staff for all personal care needs. There was no information for staff about what people were able to do for themselves, and how they preferred to be assisted. This meant for those people who were unable to guide staff about how they wished to be supported, they were at risk of not receiving consistent care that met their preferences.

We recommend the home reviews people's care records to ensure they provide detailed information about people's care needs and their preferences about how they care support is provided.

Meeting people's communication needs
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.
•People's communication needs were identified, recorded and highlighted in care plans. This helped ensure staff understood how best to communicate with each person.
•Staff told us about the different ways they communicated with people. For example, one member of staff told us how they support their communication with people using objects and pictures. Staff were also observant of people's body language and facial expressions to judge what people were trying to communicate and when supporting people to make choices.
• The home was able to provide documents in easier to read formats and in large print.

Improving care quality in response to complaints or concerns
• People and relatives told us the home's response to receiving complaints had improved and they felt listened to. Everyone we spoke with said they knew how to make a complaint and felt able to raise concerns with any of the care and nursing staff, as well as the management team. One relative said, "I am able to approach anyone, raise issues and they will be communicated up the line to the appropriate person."
• A suggestions/complaints box in the reception area invited people to raise concerns anonymously if they wished. A notice board provided information about what action had happened as a result of questionnaires, suggestions and comments feedback received.
• In addition, people and their relatives were invited to attend the 'People's Voice' meetings chaired by a person living in the home, as well as monthly resident and relative's meetings with the manager.
• Complaints received by the home were recorded, reviewed and action identified to resolve the matter. The manager analysed all complaints for themes and shared outcomes of complaint investigations with staff.

End of life care and support
• People were supported at the end of their life to have a comfortable, dignified and pain free death. One member of staff told us, "From my perspective, it's making sure that people have a very dignified and peaceful end of life. That they have no anxiety or distress and they are in a place and with people where they want to be. And if they have had any previous wishes documented we can fulfil them."
• People's care plans contained information about end of life care and people's cultural and spiritual needs.

Requires Improvement

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

A manager was appointed to the home in May 2019. Although they had not yet registered with the CQC, they gave assurances they would be submitting an application shortly following this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• At the previous inspection we found insufficient action was being taken to ensure the home was safe and people received high quality care. There was ineffective oversight by the provider. At this inspection we found improvements had been made. However, some further improvements were still required, for example with the environment and social engagement for some people, as well as the information held in people's care records.

• We observed the manager had made significant changes to the service which had seen people benefit from more co-ordinated care from better trained and supported staff. Nursing staff described the manager as having taken the home 'back to basics' to ensure all nurses and care staff had a thorough understanding of people's care needs and the standards of care expected by them.

• Since their appointment, the manager had strengthened the management structure of the home by introducing a deputy manager, clinical lead nurse, and unit managers, with each being aware of their responsibilities. They had also recruited a number of experienced nursing staff. The manager said they worked alongside staff as a role model for good practice. This was confirmed by staff. One said of the manager and deputy, "I think they're really good. If anyone needs any help they'll jump in and help anyone out."

• People, relatives and staff praised the manager and management team. One person told us, "The new manager has overseen lots of improvements." Relatives said, "It has really improved in the last six months. The new manager is doing an excellent job in improving Elburton Heights" and "Communication between managers at Elburton Heights and families is good now." Staff described the manager as "amazing" and "brilliant". A member of staff said, "We work as a team now because we know exactly what we are doing."

• The manager described themselves as passionate and committed to Elburton Heights to ensure high quality care. They said they had confidence in their staff, regardless of their role, to all work towards the same outcome. They said they were excited about the future of the home.

• Quality assurance systems, including audits of health and safety issues, medicines and care planning supported the management team in monitoring and improving the home. An increased presence in the home by the provider's regional manager further supported the home to improve. Both the provider and

regional manager told us they had confidence in the manager to ensure improvement s were sustainable. Better communication between staff ensured they had up to date information about people's needs.
• The manager was aware of their regulatory responsibilities and had notified the CQC of significant events in the home.

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; Continuous learning and improving care
• Relatives told us they were kept up to date with their relation's care and described the communication between the home and themselves as good. Relatives were confident with how the home supported their relations when accidents had occurred and were informed of the circumstances and what was being done to reduce the risk of reoccurrence.
• Daily meetings between each unit's head of care and the manager provided an opportunity to share information, review people's care needs and plan the events of the day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The manager had improved their working relationship with partner agencies, such as commissioners and other health and social care professionals.
• People and relatives told us they could share their views about the home, either directly with a member of the management team or through attendance at monthly meetings and felt they would be listened to. For example, relatives told us activities and the quality of food had improved as a result of these meetings.
• The home had recently received a number of thank you cards from relatives and had several positive reviews on an internet care home review site.
• The fortnightly 'People's Voice' group enabled people to discuss issues together without the presence of a manager and make suggestions. The person who chairs the meeting said it was a useful way to raise any worries and to have a 'two-way' discussion at Elburton House.
• Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and now felt they could contribute to the running of the home. Staff said they felt valued and appreciated the home's recognition of their work through the 'Moments that Matter' nominations for caring and thoughtful practice. Staff had enjoyed a recent award ceremony at a local golf club hosted by the provider.