

Bupa Care Homes (AKW) Limited

Erskine Hall Care Home

Inspection report

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Middlesex
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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

About the service

Erskine Hall Care Home is a residential care home providing personal and nursing care to up to 74 people. The service provides residential and nursing support to both older and younger adults including people living with dementia. At the time of our inspection there were 62 people using the service.

The home was split across 2 floors. Each person had their own ensuite bathroom and there were additional communal bathrooms and toilets should people wish to use them. There were shared facilities on each floor including a cinema room, hair salon, activities room, lounges, dining rooms, gardens and laundry facilities.

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

People told us they were very happy living at Erskine Hall Care Home. One person told us, "If you ask me what the best thing is in this home, it is the standard of care and [staff]. They are fantastic hard-working people, polite and gentle and there to help. Genuinely nice [staff]."

People told us they were supported well with their medicines. Any discrepancies or errors were quickly identified by the senior staff team and action taken to address them and ensure people's well-being.

People were supported to look at ways of reducing risks to their health and wellbeing and these were regularly reviewed. People were supported to access all relevant health and social care professionals when required, to meet their needs.

People and their relatives were involved in regular reviews of their care. Relatives could access care records remotely to stay updated on the daily life of their family member.

People told us staff encouraged them to make choices and do what they could for themselves to maintain their independence as much as possible. People's care was planned to meet their individual likes and dislikes where their diverse range of preferences were respected.

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 told us the food was good and they could ask for alternative options and request extra snacks and meals or drinks day or night. They told us there was plenty to do for those who wished to be involved in events in the service. Alternatively, there were other less busy areas for people who chose to spend time quietly relaxing.

People and relatives told us relatives and friends could visit them unrestricted and were always made to feel welcome. They told us the service was well-run with an approachable registered manager and staff team. People and relatives told us they could always make suggestions or raise a concern and have confidence

they would be listened to and their views acted upon.

Professionals gave positive feedback about the management of the service, the care of the staff team and the successful partnership working. The registered manager ensured a variety of quality assurance tools drove a culture of continuous learning and improvement.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 3 May 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 ●

Erskine Hall 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. 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

This inspection was carried out by three inspectors and two Experts 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

Erskine Hall Care Home 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. Erskine Hall Care Home 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. Inspection activity started on 14 February 2023 and ended on 6 March

2023. We visited the location's service on 14 February 2023.

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, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 11 people and 18 of their relatives. We spoke with 13 members of staff including the registered manager, the clinical deputy manager, nurses, housekeeping staff, catering staff, activities coordinator staff and healthcare staff.

We reviewed 11 people's care records and multiple medicine records. We reviewed the recruitment records for 2 staff. We looked at various policies and quality assurance documents and spoke with 3 professionals who have regular contact with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the previous inspection, we found concerns in relation to risks to people's safety and management of medicines, this was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection, we found that all risks to people had been assessed and clear guidance written in care records for staff to follow. Risks to people in relation to fire safety, oxygen safety, and the environment had been assessed. The staff team had also assessed risks related to people's specific conditions such as people with falls risks, diabetes, Parkinsons disease or dementia. The senior staff team reviewed and recorded these regularly with input from the internal nursing team and relevant health professionals where appropriate. A professional told us they had no concerns in relation to risk management.
- Staff had received training on how to meet people's needs including both their conditions and any equipment they used such as hoists, catheter care, PEG care, specialist diets and fluids. Staff were able to tell us about these needs and had a good understanding of the risks and how to reduce them. A relative told us they felt their family member was safe regarding falls risks. They told us, "[My family member] had a few falls at the beginning but now they have 1:1 [staffing support] 24/7." Another relative said, "[My family member] has had no falls or accidents since moving in here because they check on them regularly."
- The service used an electronic care planning system. This meant changes to risks could be updated in care records immediately and staff had instant access to that information via handheld devices. Staff told us this was very useful as they had all the information they needed at their fingertips.
- People had their medicines safely administered. While we did find there had been some minor errors, these had not resulted in anyone coming to harm. The registered manager and clinical team had already identified these errors and taken action to report them, retrain staff and re-assess staff competency and review their medicines systems to see how they can reduce the risk of reoccurrence.
- There were detailed care plans in place to ensure staff had the right knowledge of how people preferred to take their medicines and any specific administration requirements. Where people had covert or crushed medicines the appropriate measures had been taken to have these agreed through a best interest process and protocols in place signed off by a doctor and other relevant professionals. One person told us, "Staff know all about my medicines. It would be hard [for me] to follow all the instructions at home." A relative said, "[Staff] do reviews. They often have different people coming in [such as] a psychiatrist, come in and change [my family member's] medicine and they have felt much better since."

Systems and processes to safeguard people from the risk of abuse

- The registered manager had implemented systems and processes to ensure people were kept safe from the risk of avoidable harm. Any concerns were identified quickly and actions taken to safeguard people. All concerns were reported to the appropriate agencies.
- People were supported by staff who had received training about safeguarding and abuse awareness. Staff understood what to look for that might indicate something of concern. They were also aware of how to record and report concerns both within the company and to external agencies such as the local authority safeguarding team.
- People told us they felt safe. One person told us, "I came here 6 months ago, and was impressed from the start. It felt the right place for me. Feeling safe is because of excellent [staff] who learnt about me very quickly." Relatives told us they felt able to relax as they were assured their family member was safe and well cared for. One relative said, "[My family member] is most certainly safe because the staff are always there for them. They are really well looked after."

Staffing and recruitment

- The provider ensured that all staff had received full employment checks to assure themselves of the staff members suitability for the role. This included a disclosure and barring service check. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was in the process of employing new staff. Where there were gaps, they utilised agency staff to ensure there were enough staff on shift to monitor and support people safely. People were not left alone in communal spaces and people who chose to spend time in their bedrooms were regularly checked on. One person told us, Staff makes you feel valued asking for what I need and listening. I never wait long."

Preventing and controlling infection

- 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. One professional told us, "The [COVID-19] pandemic threw staff together and they made the best of a difficult time. They stepped up their ownership of clinical issues and communicated soundly with me."
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider encouraged visiting and had an open door visitor's policy. They kept visitors up to date with any changes in government guidance about COVID-19 in newsletters and posters in the homes as well as on their website. Relatives told us they could visit without restriction. One person told us, "I do have [relatives] visit every day, so I organise myself around that. Sometimes my [relative] stays for tea, which is nice as I miss being at home." A relative told us, "Visiting is fantastic. More than accessible."

Learning lessons when things go wrong

- The registered manager shared all lessons learnt with the staff team and other relevant people involved in reportable events. Staff told us they were given the opportunity to reflect on these and agreed ways of working to improve practices and keep people safe.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- The registered manager ensured people's needs and preferences were assessed prior to providing their care. This included looking at their personal history, likes, dislikes, relationships, cultural, religious, gender preferences, their medical history and current conditions. This information was then used to develop the person's care plan and assess any risks.
- This level of detailed information was the same for people on short term respite as well as people receiving long term care. One person told us, "In the start staff needed to learn a lot about me. I had to repeat [information] lots of times about what I like and don't like. It was mainly in the first few weeks. I understand that and didn't look at that as negative." Another person said, "Seems staff know about me as much as possible, they do surprise me how much they remember. One of the staff reminded me about my friend's birthday and they helped me send the card, which was really nice of them."
- Staff had a good understanding of people's health conditions such as dementia and Parkinsons disease and diabetes. They knew the signs of deterioration and what they should do in that scenario. This showed the information in assessments had been implemented into the care delivery and training was effective..
- The staff team also liaised regularly with relevant health and social care professionals to ensure the care being delivered was safe and in-line with current best practice guidelines.

Staff support: induction, training, skills and experience

- The registered manager offered a variety of career pathways and opportunities to develop staff skills and knowledge. In all roles, staff received a thorough induction when they first began working at the service. This included training and the opportunity to shadow more experienced staff. Each staff member was then observed carrying out their role so that their competence in practice and theory could be assessed by a senior member of the management team.
- Staff told us they felt very supported by the management team and were appreciative of the opportunities given to them to further their careers. Where required, staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision and told us they felt able to approach the management team for any advice or practical support. They spoke positively of the teamwork they had experienced and told us they were very happy working at the service.
- There were enough staff on duty to meet people's needs. We observed how staff in all roles stepped in to support people to ensure they did not have to wait when they required support. People told us they felt the

staff were very good in this respect and well trained.

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

- People were supported to eat and drink enough to promote a healthy diet and good nutrition, this included people who required a specialist diet due to health or cultural needs and preferences. The staff team monitored people's weights and used assessment tools to determine the level of risk and support required. People who required their food and fluid intake were monitored daily and had clear targets identified. Outcomes were recorded in people's care records for monitoring purposes. Where required external professional such as dieticians were also consulted for advice.
- People who wanted alternative choices or meals and snacks outside of typical mealtimes were supported to do so. The service offered a night-time menu of various small meals and snacks on offer throughout the night for people who were awake and hungry.
- At our previous inspection, people's views about the quality of the food was mixed. At this inspection, people told us the food was very good and they had plenty of choice. One person told us, "Anything about food is excellent, first class. Snacks are everywhere, just look around and you can get anything you like day or night. People who can drink [alcohol], they have a glass of wine for lunch."
- Another person said, "I have a choice if I would like to go to the lounge for breakfast, today I had it in my room. I can have whatever I like for breakfast even a cooked full English but I am now more of a Weetabix person. I had banana with it today. More than enough. Then I like some toast and marmalade mid-morning. Staff know and they have it ready for me. The service is very good here, snacks are everywhere and hot and cold drinks. I have some in my room."

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

- Staff worked well with external health professionals to ensure people's health needs were met with the least distress for the person. In the event of changes to people's health, staff utilised the in house team of nurses or contacted the relevant health professional for advice and updated their care plan. One person told us, "Care in this home is brilliant. [Staff] check on me every day, everything about my health and my blood pressure. A nurse comes and takes blood once a month, they tell me if something is wrong. I don't have to do anything. Nurses here are also very good and knowledgeable, they spend time explaining in an easy [to understand] and not frightening way."
- The staff team worked closely with local professionals who gave us positive feedback about the service. One professional said, "During my visits to Erskine Hall I have found the team there to be professional and caring. When I visit it is clear that the team have built and maintain good relationships with their residents and that their care and wellbeing are their priority."
- People told us they were encouraged and supported to access a variety of health professionals such as the GP, optician, chiropodist, and dentist. Staff supported people to attend health appointments where required.
- The registered manager also worked well with recruitment agencies to ensure timely and consistent care when utilising agency staff to meet people's needs.

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

- The service was tastefully decorated to a high standard and it was clean with all equipment necessary to meet people's individual needs. One person told us, "I love my room, it's spacious enough for me with great views. It's cosy but I don't spend a great deal of time in there. I am out in different parts of the home for activities and when my [relatives] visit, there is a lot of space to sit and just drink coffee."
- A visiting professional told us, "The homely refurbishment has enhanced the sense of community and being at home as a family." People were able to personalise their bedrooms and each person had their own

ensuite bathroom facilities adapted to meet their needs in relation to mobility, safety and choice. This helped prevent the risk of falls and slips.

- There was dementia friendly signage for communal spaces to support people living with dementia to orientate themselves. Each unit had various communal spaces for people to use depending if they wished to socialise or be in a quiet space.
- Each persons' bedroom had the option of creating a memory box outside of their bedroom door to fill with what they wished to represent who they were as a person. This could also further help people to remember which bedroom was theirs and to prevent them accidentally entering another person's bedroom. It also helped to remind staff about the whole person and their individual accomplishments.

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.

- At our previous inspection, people's capacity to make their own decisions had not always been assessed. At this inspection, the registered manager ensured anyone who was thought to not have the mental capacity to make their own decisions, had been assessed. They used the best interest process to involve relatives and professionals in agreeing what would be the least restrictive option for each person. Any conditions on approved DoLS were being met.
- People were encouraged to access independent advocates where required and some people had made use of this to help ensure their rights were upheld and their voices heard.
- Staff had received training about MCA and DoLS and had a good understanding of the principles of the MCA and how to promote choice and consent. Staff were passionate about ensuring people's wishes were based on the preferences they made when they were able to make decisions for themselves. This meant people's rights were upheld and protected and their views valued.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 told us the staff treated them well, were kind and caring. One person said, "I never thought I would be happy in any other place than my home, but I can say I am very happy here. What makes me happy is good standards in care and [staff] who are interested in me as a person. They really treat me as a valuable customer, which on the end I am. They all have a very caring nature. Difficult to single out any of them as they work well in harmony and help each other."
- The service supported people's cultural diversity and offered worship groups and respected any dietary or gender preferences. A relative told us, "[My family member] is a Catholic and somebody from their church goes in to give them communion."
- Staff were very patient with people and took time to explain to them what was happening and check what they wanted. One person said, "Staff are very caring, they don't mind if I am a bit slow and encourage me to do as much as I can on my own. If I need some company they come and have a chat with me, it's comforting sometimes to talk. I trust them very much, a couple of times I left some of my belongings and even money around. It was there when I came back. They do look after us well." A relative said, "[Staff] are very caring and very protective of [my family member]. They are marvellous. They go above and beyond."

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

- People and their relatives were supported to regularly be involved in the reviews of their care. The reviews also included where appropriate, advocates and any relevant health professionals. One relative told us, "[Staff] did a good thorough care plan. We did a memory book for [my family member] and some of the staff sit and look through it with them."
- Relatives were also invited, with people's permission, to access their care records electronically. This enabled relatives to remotely keep up to date with their family members' daily lives and see the choices people were making about how they spent their time. This approach promoted open and transparent monitoring and reviews about the care.
- Staff understood about the importance of choice and knew the right approaches to use with people to enable them to make their own choices. For example, if they needed to use simple language or pictures or objects to reinforce what was being offered.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and helped them where they needed support. Staff respected people's choices and spoke to them in a dignified but friendly manner. A relative told us about the importance of promoting their family member's dignity and self-esteem by looking nice. They said, "[My family member's]

hygiene is good and [staff] support them to put lipstick on and try and co-ordinate their clothes with their jewellery."

- Staff told us how they also tried to encourage people to do what they could for themselves. This included in the areas of eating, walking, bathing and dressing while considering their privacy. One person told us, "I was very unsure what I will find as my new and probably last accommodation. My [relatives] and the staff were very supportive. I could not move my hands; I was very weak. But [staff] helped me get stronger and here I am. [Staff] did their job wonderfully." Another person, who hoped to be able to move back home after a period of rehabilitation told us, "It's hard to think that I am now depending on help from other people. I was very active before and now I am not. But staff helped me with good care to walk now with a frame."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- At our previous inspection, people's wishes were not always upheld and care was not always person centred. At this inspection, we found the registered manager planned a personalised approach to care in people's records. Care records gave detailed guidance for staff about how to support people and a personal life history to get to know them better. The management team conducted regular unannounced observations of staff practice to ensure they were applying this approach and also meeting people's needs in a timely manner.
- People's care was planned individually and they told us they were given choices about what to do. One person told us, "Activities are very good; we have light exercises which I like the most because it helps with my condition. Tomorrow it's a pampering session, I will have my nails done, staff get me ready earlier so I can get to my appointment in time." Another person said, "We have meetings with people from the office once a month. We can put in suggestions, and they investigate it and try to do it. They send us notes from the meeting. Last time we were discussing going out when the weather improves, suggestions were the garden centre as the thing we all agreed."
- Not everyone wanted to join in the group events in the service. One person told us, "I like spending time after meals in the lounge as it's peaceful and carers nudge me for extra puddings. My [relatives] come every weekend for visits they take me out, so quiet time [in the service] is good. I sit in my room and listen to [audio] books."

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 their communication needs assessed prior to moving in and during their stay to ensure staff knew their preferred language and method of communication. Staff understood the need to use other ways to communicate such as with objects, speaking loudly or slowly, large print and pictures.
- All communication needs formed a part of the person's communication care plan for staff awareness.

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

- The staff team had organised a variety of events that people could access if they chose to. This included

things like worship, beauty treatments, local singers/entertainers coming into the home, games and quizzes, animals coming to visit people and more.

- The staff also ensured people were supported to stay in touch with their friends, partners and relatives. This included in person visits and utilising video and telephone facilities for remote contact. Relatives were invited to regular parties and fetes. People were consulted with about what ways they would like to spend their time. One relative told us, "[My family member] has made a friend and they go for dinner together. They love it and they laugh and joke with them."
- For people who did not wish to join in with group events, and for people who were cared for in bed, staff spent time with them on an individual basis, to talk, have a beauty treatment, read or they brought the group event to them where possible. People could also choose to access one of the quiet spaces or the gardens to sit by themselves if they preferred.

Improving care quality in response to complaints or concerns

- There was a complaint system in place and clear complaints policy. The registered manager had a system in place that recorded all concerns, what action had been taken and the outcomes. These were regularly audited to look for patterns in complaints and how they could make improvements.
- People and relatives told us they felt able to approach the manager or staff team if they had concerns. Two people told us they had been given the contact details of various senior managers from head office too should they ever need to speak with them. One relative said, "The [registered] manager and the deputy are very approachable. They will act on things straight away."

End of life care and support

- The registered manager discussed people's end of life wishes with them prior to moving in and it was reviewed regularly and recorded. Staff also recorded in people's records where they did not wish to discuss their preferences for serious illness or end of life care.
- Staff were supporting people with end of life care and had received training in this area. Staff understood the additional sensitivities for all involved in the person's life. Pain relief medicines not yet required but were in place to use if needed to ensure the person was made as comfortable as possible to support a dignified death.
- The staff worked closely with relatives and other professionals such as the palliative care team and district nurses. One relative whose family member had sadly died, told us, "My [family member] was only there for a month and it was a stressful move apart from Erskine [staff]. They all welcomed [my family member] who felt safe when they were in pain as [staff] came quickly with medication for them."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- There was a culture of person focused care that the registered manager and whole staff team expressed passionately. They were constantly reviewing the care outcomes for people and making changes to better suit individual needs.
- People and relatives spoke highly of the registered manager and staff team; how responsive they were and the positive impact they had on the service. One person told us, "From my point of view, this is a well-managed place because everybody is doing what they are supposed to do, and they work well together. I wouldn't stay here if something is not right. I would recommend this place with no problems and already did."

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 understood their need to be open and share information and outcomes with the relevant people when something had gone wrong. They reported all concerns to the relevant organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements.

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

- The registered manager and staff team had a clear understanding of their roles. They had worked hard to make improvements to systems and practices since the last inspection and this showed in observations of care, records and the quality of care people received.
- The management and staff teams had a good awareness of current legislation, standards and best practice guidance and strived to implement it into their daily work. They continued to make changes to the electronic care recording system. This was to make sure it correctly recorded and flagged risks and concerns and was easy to access for staff to give them the right information and guidance.
- At our last inspection, we found the governance systems were not always effective. However, at this inspection the registered manager implemented and monitored a variety of checks and systems such as audits, observation and training to monitor and develop the quality of the service provided. They continually reflected on practice and outcomes with a view to making continuous improvements to the service. The effectiveness of these monitoring systems was clear, based on outcomes such as, people's feedback, observations of care and staffs understanding of their roles and of people's needs.

- The provider was also closely involved in monitoring the quality of the service and offering support to the team. Senior managers regularly visited the home to make their own reports and observations. They were also able to access and review outcomes remotely via the electronic recording systems in place. Action plans were created for any identified areas of improvement and regularly monitored.

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

- The registered manager used various methods to seek people's feedback and share information such as regular residents and relatives' meetings, surveys, newsletters, emails, re-views, suggestion boxes and telephone calls. They used this information to implement new suggestions or address any concerns with a view to making improvements to people's experience.
- People told us about how they could speak up. One person said, "I know who the manager is here, and I know other people who are from the office. They come to our meetings. We had somebody from head office last time as well. They came to hear what we would like to change; it was nice to see them."
- A relative told us, "The manager is fantastic, they helped and sent lots of things prior to [my family member] going in. They are very approachable and have said to us to feel at home there. They are always quick to answer the phone. It is all good and well run. The best thing is the staff, they are friendly and genuine with [my family member]. We feel happy with them being there. It was recommended to us and I would recommend to others."
- Staff told us they were regularly asked for their views through informal chats, supervisions and staff meetings. They also felt comfortable to approach any of the management team with ideas or to seek advice. They too felt listened to and respected.

Continuous learning and improving care

- Staff told us how the registered manager and other team members shared their learning and experiences as a way of guiding them and helping them to develop.
- The registered manager promoted training and self-reflection as a way of continually growing staff members skills, knowledge and confidence. A staff member told us "When I was new, we had a situation at one point. So, I had a meeting with the [registered] manager and the staff and everyone spoke up about how they felt during the incident. The feedback from our [registered] manager was very good and we shared information."

Working in partnership with others

- While the staff team were able to access in house nursing for a lot of the clinical care requirements, they still continued to work with a variety of external health professionals to ensure people's needs were being met. They also worked with the local authority who told us the registered manager continued to develop areas that had previously been identified as requiring improvement.
- Another professional described the leadership at the service as, "Excellent." They went on to say, "It's been my utter privilege to be Erskine's [health professional] for 20 years. The [registered manager] is outstanding, and highly competent to do a higher-level job, we are so pleased they have stayed. I don't know of any staff member who is not genuinely, vocationally committed to their work. I am very proud of them all."