Marcus Care Homes Limited

Enstone House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
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:

Enstone House is a residential care home. People in care homes receive accommodation and personal care as a 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 can provide accommodation and care to 36 people. At the time of the inspection 32 people lived there.

People's experience of using this service:

People received safe care and treatment. There was sufficient staffing to keep people safe. People received their medicines safely and as prescribed. Risks to people's individual conditions and well-being were assessed, recorded and updated when needed. The registered manager reflected on where things could be improved to benefit the service operations and people.

People's needs were assessed to ensure people's care was delivered in line with their care plans. People were cared for by staff that received relevant training and told us they were well supported. People told us and we observed people's rights to make own decisions were respected. We however found the documentation around decision making needed improving. We identified for example, Deprivation of Liberty applications were made for people who were not being deprived of their liberty. People were encouraged to maintain good diet and access health services as required.

People continued to be cared for by caring and kind staff. People complimented staff and the positive caring relationships they had with the staff. We identified staff did not always refer to people in a dignified way as a labelling comment made by staff could be interpreted as belittling. The registered manager reassured us this was not intentionally derogatory and that they were going to address it with the team. Privacy, including people's diverse needs and individual communication needs were respected.

People's care plans gave details of how people liked to be supported. The staff knew people's needs well and how to best support them. We however found people's support was not always delivered in an appropriate manner. The feedback received from people, relative and professionals as well as the records demonstrated people did not always received meaningful activities in line with their choices, preferences and assessed needs. People knew how to make a complain but told us they never needed to and there was a system to record any complaints received. No people received end of life care at the time of our inspection.

There was a registered manager in post and a clear staffing structure. We found the quality assurance processes were not always effective as did not identify concerns we found during our inspection visit. People, staff and relatives were involved and told us they felt listened to. The team at Enstone House worked well in partnership with other agencies and the local social and health professionals.

Rating at last inspection:
Good (report published 26 July 2016).

Why we inspected:
This was our scheduled, planned inspection based on previous rating.

Follow up:
We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was 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.

Enstone House

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection:
This inspection was unannounced and took place on 4 February 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with 6 people and 3 relatives. We looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for two staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, one senior care staff, two care staff and the chef.

After the inspection we contacted number of external health and social care professionals and commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

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

Systems and processes:

• People told us they felt safe. One person said, "I feel very safe. Staff are always popping in to see me". One relative said, "[Person] is very safe. There are plenty of staff, there's a pressure mat in the bedroom to alert people if [person] moves out of the room".
• People benefitted from staff that knew how to escalate and report any safeguarding concerns.
• The provider had a safeguarding policy in place and the team worked with the local safeguarding teams where needed and reported any concerns promptly.

Assessing risk, safety monitoring and management:

• Risks to people's well-being and their individual needs were assessed and recorded. The risk assessments covered areas such as mobility, falls, poor nutrition and skin integrity. One person was at risk of postural hypertension and their care plan gave guidance how to support this person safely.
• The were systems in place to manage emergency situations such as evacuation of people in case of a fire.
• The registered manager had a system to record accidents and incidents, we saw appropriate action had been taken where necessary. For example, an additional equipment (an alert mat) had been introduced after a person suffered a fall and the person was referred to the falls specialist.

Staffing and recruitment:

• People told us there were sufficient staff and they did not need to wait long for the support. One person said, "I suppose there are enough (staff). There's always someone about, usually in the dining area. I've never noticed short staffing".
• People were supported by staff that knew them well. The registered manager told us they prided themselves of not using temporary agency staff as they were always able to maintain sufficient cover with own employees.
• The provider followed safe recruitment practices that ensured staff were vetted as suitable to work with adults at risk.

Using medicines safely:

• People received medicines safely and as prescribed.
• People told us they had their medicines as needed, one person said, "I get my medicine regularly – generally just after 8am".
• Designated staff were responsible for ordering, signing in and safe disposal of the medicines.

Preventing and controlling infection:

• Staff were trained in infection control and had access to protective personal equipment such as gloves. We observed staff using had gel and people told staff wore gloves where needed.
• The registered manager was aware the environment would benefit from refreshing and had a plan how to improve it. They told us they planned to refurbish the garden and they recently organised for the indoors handrails to be painted.

Learning lessons when things go wrong:

• The registered manager worked with the team to try to improve the experience for people. For example, following staff feedback they rearranged the dining room to try new ways but as they had identified there was not enough space for people's mobility equipment they decided to go back to the previous set up.

Good

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.

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

• People were positive about the food but told us they would like more choices. The comments included, "The food always seems good, we see things coming out from the kitchen and we talk to the chef", "It's quite good. The new chef tries his best. There's no choice" and "I quite enjoy the food. It's very good quality food but it's always the same sort of food. There's no choice at mealtimes. We need more variety, it's like good quality nursery food at the moment". We saw although there was a one main meal offered if anyone didn't like it, baked potatoes, omelettes, salad or sandwiches could be opted for as an alternative.
• People were encouraged to maintain good nutrition and hydration.
• The kitchen staff were aware of people's dietary needs such as food allergies were catered for.
• The lunch service was divided in two sessions; first one for people that needed assistance with their meals and second one for more independent people. Our observations showed people's dining experience was a positive one. We saw people were appropriately supported to eat their meals and with skilled assistance provided by the staff people ate well.

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

• People told us staff knew how to care for them. Comments from people and relatives included, "Staff are knowledgeable. They seem to be able to do what I want" and "I think the staff are knowledgeable. If I had any real medical concerns, I'd approach senior staff. Any member will go and find out for you if you have a question about the care".
• People's needs were assessed prior to people coming to live at the service. The assessment and the documentation received (if applicable) from the commissioners were used to draw people's support plans.
• People were involved in assessment and care planning process. One person said, "I know about my care plan. They have shown it to me and they went through it last year".

Staff support: induction, training, skills and experience:

• People told us staff were skilled and experienced in meeting people's needs. One person said, "They are very capable overall".
• Staff received ongoing training that was relevant to their roles. The registered manager had a matrix to ensure refreshers sessions were booked in as needed.
• Staff had opportunities to complete additional training, this included distance learning modules.
• Staff we spoke with told us they were well supported and were able to approach the senior team at any time should they need any support between the scheduled supervision or appraisals sessions.

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

• People were able to personalise their rooms with their own belongings and items of importance to them.
• People had a choice of communal areas, such as lounges and a garden to benefit from.

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

• People were supported to access external health professionals as needed. One person said, "The manager sorted out an optician, and I can book the chiropodist who is very good". One relative told us, "The district nurse comes in and sees to [person's] legs, [person] sees the doctor most Thursdays, the optician comes in and so does the chiropodist".
• Staff worked well with a number of local health professionals to ensure people's healthcare needs were met.
• External professionals spoke positively about the working relationship they had with the staff at the service. Comments included, "Very good in terms of acting on recommendations, they always involve the GP" and "They have a GP visit weekly and appear to be able to discuss concerns. They often referred to Community Mental Health Team (CMHT)".

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 with appropriate legal authority. 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.

• People and their relatives told us staff respected their rights to make own decisions. One relative said, "[Person] doesn't do anything much but that's their choice. [Person] sits and watches people, walks around a lot. The garden is used in good weather but it depends on [person's] mood at the time.
• An external professional told us staff respected people's choices. They said, "They seem to adapt to residents' wishes to a certain extent for instance if the resident refuses to get up they will come back later".
• Staff knew the principles of the MCA and understood the importance of respecting people's choices. Feedback from staff included, "Every person should be treated as an individual (with) own opinions and capacity to make decisions", and "(We) try to get choices from people's themselves".
• We found concerns around the documentation surrounding people's decisions making abilities. We identified for example, Deprivation of Liberty applications were made for people that were not being deprived of their liberty. As there was no evidence of a direct, negative impact on people's well-being as a result of this we reported on this issue under the well-led section of this report which related to governance and records.

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.

Ensuring people are well treated and supported:

• People and their relatives spoke positively of staff and their caring nature. Comments included, "They are alright, the staff. In general, they are kind and I need lots of help" and "[Person] is treated exceptionally well. They chat with her and make her feel happy. They make a lot of a fuss of her".
• Our observations reflected staff had a good rapport with people, positive banter and chatter we observed appeared to be genuinely caring and appropriately affectionate.
• Staff told us they aimed to provide good care. Comments from staff included, "I enjoy working with people, treat them as my parents" and "We treat clients as if they were my grandparents".
• One of the external visiting professionals told us, "They (staff) view the residents and family members of an extended family".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

• People benefited from staff that knew them well. One relative said, "They (staff) all seem to know what people can and can't do physically".
• People's individual communication need were considered. This ensured people had access to information in a form that met their assessed needs. For example, we observed the registered manager discussing with one person how they would help them with using an electronic device to get some information the person required. A staff member gave us an example how they supported one person who had impaired vision with reading their post.
• There was a policy in place that stated no people would be discriminated due to their protected characteristics, such as age, disability or religion. One of the local priests told us, "The manager and senior staff have in the past asked me to see particular residents when they have thought that there was a pastoral need - for example, one resident was very upset and wanted to see a priest".

Respecting and promoting people's privacy, dignity and independence:

• The team supported people's independence. One person told us they were being supported to try living independently again. They said, "I'm supposed to be going home, first of all for a prolonged visit to see if I can manage". We saw at meal time, where needed people were offered a plate guard to aid their independence.
• People's privacy and confidentiality were respected. We observed staff knocked at people's door. People's personal files were kept secure in a lockable space with only designated staff having access to.
• We however observed three members of staff referring to people who needed support with meals as 'feeders'. We raised this with the registered manager who reassured us this was not intended in a derogatory

way and they were going to address it with the team. There was evidence the registered manager prepared a good practice guidance for staff around making records in people's care plans in a dignified way and they were going to build on it.

Requires Improvement

Is the service responsive?

Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• People's needs were outlined in care plans and provided information of how to best meet people's needs. The care plans were reviewed on regular basis and updated when needed.
• We however found people did not always receive care in an appropriate way. For example, we saw one person had finished their breakfast that was served in their bedroom, on a side table next where to they were sat in an armchair. We observed the used commode chair had been left uncovered next to the person. We raised this with the senior staff and the registered manager who told us the staff 'should know better'.
• Feedback from people demonstrated people did not always received meaningful stimulation. Comments included, "I have relatives who visit sometimes and friends who come less often. I don't know what I'd do if I didn't have anyone – I have discovered how lonely it can be here", "We don't have much by way of activities, I've suggested going to visit gardens and a mobile library and more classes", "I'd like a more normal life, to be shut in here, it's not good, it's like prison. I'd like to be able to use the garden and for there to be a greenhouse. I've offered to grow things but it's not been taken up" and "The activities? I don't like some of the things, it seems a bit like school".
• The records did not always provide sufficient evidence people were offered meaningful activities that met their assessed needs. One person's care plan stated: 'benefits from one to one activities, should be brief and offered at regular intervals due to limited concentration'. We viewed this person's activity log for the previous month. There was one entry when the person joined a group session run by an external entertainer, there were no entries on six separate days and entries such as 'walked' or 'wandered around the home' had mostly been recorded.
• The feedback from external professionals also reflected the need for an improved activities provision. Comments included: "People seem bored. Haven't observed meaningful activities" and "They do not seem to place activities as a priority. I do not think they're very up to date with dementia care and are stuck in a rut of completing tasks. No organised individual activity. Sometimes radio is blasting out background music which is over stimulating and irritating. They are very task orientated and very busy with physical care and are unsupported with up to date training, emphasising the importance of revalidating the person".
• The registered manager told us the activities in the recent months included, fancy dress party, firework display, visit from local school children, PAT (Pets at Therapy) dog visits and Christmas party took place. The registered manager informed us they were in a process of recruiting a new activities co-ordinator to address the above concerns.

Improving care quality in response to complaints or concerns:

• There was a system to manage complaints and the provider's policy was available. We viewed the log and saw two complaints had been received since our last inspection.
• People knew how to make a complaint, no one we spoke with raised any complaints and people told us any concerns were dealt with promptly. One person said, "I have no problems or complaints. I would feel

confident about raising a concern with manager and it would probably get sorted out" and "I would feel OK about complaining. I had a problem with another resident and now they make sure she sits somewhere else".

End of life care and support:

• The registered manager informed us no people received end of life care at the time of our inspection.
• People's care documents gave details around people's end of life wishes and their resuscitation status as assessed by a health professional.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

• The registered manager had some quality assurance systems in place. These processes however were not always fully effective as did not identify concerns we found during our inspection visit. For example, in relation to the dignity aspect and labelling people as 'feeders'.
• Where we found concerns around medicine stock keeping and recording system we found this had not been identified by the provider's own audit. The only audit around medicine related to the actual medicines administration record sheets and did not include any other aspect of medicines management, such as stock keeping.
• The provider's internal audit also failed to identify concerns around the records surrounding people's capacity. In one case the DoLS application had been made in November 2017 and despite a monthly entry to confirm the care file was being audited it failed to identify the application was sent contradictory to the person's assessed abilities. The registered acknowledged their internal audits needed improving.

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

• People had opportunities to attend meetings and raise any concerns via open door policy.
• People's opinions were considered, for example people were able to influence the menu by suggesting dishes to remove or try out.
• Feedback from relatives showed the management were easily approachable. Comments included: "If I'd have a problem I'd talk to manager" and "We are confident about raising anything with the manager".
• Staff told us they were encouraged to attend staff meetings and had daily handovers to ensure good communication.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• People and relatives felt the service was open and transparent. Relatives told us they felt they were kept informed and involved as needed.
• The records showed the team kept relatives informed when an accident occurred to fulfil their obligation under Duty of Candour.

Working in partnership with others:

• The staff worked with a number of external parties, local health and social professionals. Professionals we

contacted for feedback were positive about the working relationship established with the service. One professional said, "The manager is approachable and deals with any queries as does their senior staff".