

Pinnacle Care Ltd

Elmhurst Assisted Living And Care Facilities

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Elmhurst Assisted Living and Care Facilities provides accommodation, supported living and personal care to people with dementia, learning disabilities, autistic spectrum disorder or mental health. It is registered to provide care for up to 10 people in the main house. At the time of our inspection visit there were 10 people living in the house. The care home is made up of one two storey building comprising an additional mezzanine floor. The service is also registered to provide care and support for people living in 13 independent attached apartments. However, there was no one using the supported living service at the time of our inspection. The home also provides a 'day care' service to people who require respite during the day. The CQC does not regulate this part of the service.

People's experience of using this service:

People felt safe using the service.

Staff recognised the risks to people's health, safety and well-being and understood how to recognise and report abuse.

People received support from staff when needed.

Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support with their medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to support them.

Not all areas of the home were clean and staff did not always follow best practice when storing cleaning equipment.

The registered manager ensured staff had training to meet people's needs and guidance on people's needs was shared through supervision meetings and staff meetings.

People were supported to have enough to eat and drink to maintain their well-being.

People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

Staff understood the importance of supporting people with empathy and compassion and provided reassurance when people became anxious.

People were treated with dignity and their independence was promoted wherever possible.

People were involved in planning their care with support from staff.

Staff supported people with activities that reflected their interests.

People and their families understood how to complain if they wanted to.

People's care was reviewed and reflected people's needs.

Some quality assurance processes were not effective.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Rating at last inspection:

The last inspection was a focussed inspection which reviewed the areas of Safe and Well-led. It was rated Good (report published 11 April 2017).

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up:

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

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

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Elmhurst Assisted Living And Care Facilities

Detailed findings

Background to this inspection

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

Inspection team: There was one inspector in the inspection team.

Service and service type: Elmhurst Assisted Living and Care Facilities includes three types of service. It is a 'care home', a supported living service and a domiciliary care service. People in care homes receive accommodation and nursing or 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. For people who receive a supported living service, their care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection: This inspection was unannounced.

Inspection site visit activity started on 7 May 2019 and ended on 13 May 2019. We visited the services to see the registered manager and staff, to gain peoples' views of the care they received and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us

about, such as alleged abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with the registered manager, two shift leaders, the area manager, the cook, the maintenance person and three members of care staff. We spoke with four people who lived at the home and two relatives, to ask about their experience of the care provided. We also spoke with one health care professional about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received. We used our short observational framework tool (SOFI2) to help us understand, by specific observation, the experience of people who could not talk with us due to their complex needs.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them. Plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.
- Some environmental risks had not been properly monitored. For example, the electrical fuse box was not covered, the service fire plan required updating and a radiator in a downstairs communal bathroom was not fully covered. We found the radiator cover was fixed on the second day of our visit and the registered manager assured us they would act to make the other improvements within the month.

Preventing and controlling infection

- Some areas of the home were not clean and infection control practices had not been followed, placing people at risk of infection. For example, mops had not been stored according to best practice and mop heads were dirty. Cleaning schedules had not been regularly completed to show which areas of the home had been cleaned. We brought this to the attention of the registered manager and improvements had been made on the second day of our visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. Two people who lived at the home told us, "I feel safe, I would speak to one of the girls if I had a problem" and "I can open up and talk to the carers. I trust them." Staff understood people's individual circumstances and how to keep them safe from harm.
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- The registered manager explained how the provider had shared learning with them following a recent CQC inspection at another of the provider's services. They told us a programme of improvements were being made to the home's physical environment in line with best practice. These improvements included window restrictor upgrades and repairs to radiator covers to ensure people were kept safe.
- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The registered manager reviewed information to identify if any changes were required to people's care needs to keep them safe.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in their care plans. Most protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had. However, some characteristics had not considered. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment and work with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. The registered manager ensured staff received specific training tailored to meet people's individual needs, such as epilepsy awareness. A health professional provided positive feedback and told us the registered manager had ensured staff had received training tailored towards one person's needs, which helped staff support the person to improve their well-being.
- Staff told us they received supervision and feedback on their performance from their manager. One member of care staff told us, "The manager is encouraging me to develop and learn new things."

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they received choices in the food and drinks offered. Two people told us, "The new cook is fantastic" and "The food is very nice, you can have what you like."
- People were supported to maintain specialist diets, with the cook and care staff knowing people's dietary needs and preferences.
- People received the support they needed to eat and drink at mealtimes. Meal times were relaxed and some care staff ate with people in the dining room. People ate in the dining room or elsewhere in the home, according to their preferences.
- People were offered a choice of drinks and snacks during our visits.

Staff working with other agencies to provide consistent, effective, timely care

- People had been referred to other healthcare professionals to promote their wellbeing, such as the continence nurse and dietician for further advice.

Supporting people to live healthier lives, access healthcare services and support

- A health care professional we spoke with told us they had positive relationships with staff and people

received the care which met their needs. They explained staff were good at seeking advice and adapting the support they provided to one person, as their needs change frequently.

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

- Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheelchairs. However, consideration would be needed for people who required specialist equipment to move about safely, as only the back door of the home was accessible to wheelchairs and there was no lift in the service. The first floor was accessible by stairs or a stair lift and upper floors were accessible only by stairs. There was a communal garden where people could spend time if they wished.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where restrictions were placed on one person's care, the registered manager had made a DoLS application which was currently being considered by the appropriate authority.
- Care plans were not clear if people's legal representatives had been included in decisions to consent to people's care and treatment. We brought this to attention of the registered manager and appropriate action had been taken by the second day of our visit.
- Staff obtained people's consent and supported people to make decisions in their best interest. One member of staff told us how they obtained consent from one person who could not verbally communicate, "It's obvious when (person's name) does not want to do something...they turn their head away."

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.

Good: 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 and their relatives told us they felt staff cared about them. One person told us, "The manager has led staff to make a relaxed, caring atmosphere." Two relatives told us, "Staff are fantastic, they have all the time in the world for (Name)...(Name) is thriving" and "Staff take care of people in a calm manner, they are very patient."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make every day decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to communicate. The registered manager told us, "Care is relaxed and we go at people's own pace...We form relationships with people and they tell us how they want their care."
- There was a best friend programme in place. Best friends knew people well and worked with them on an individual basis. They involved people and their representatives in reviews of their care.
- There were caring interactions between staff and people who used the service. One person was displaying signs of anxiety and a staff member gently reassured them until they became less anxious.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff supported people in a discreet way and took them to a private place before helping them with personal care.
- The registered manager told us, "I respect the people who live here. I will do anything I can to help them achieve and maintain their wellbeing. I always say to staff to care for people how they want to be cared for themselves." Staff shared the same caring ethos as the registered manager. A member of care staff told us, "I make sure people's care revolves around them and what they want."
- People explained care staff helped them in different ways to remain independent. One person gave very positive feedback about how staff supported them and allowed them to become independent and do things for themselves, for example, walks in the local community. A relative explained how their family member enjoyed cooking and staff supported them to help prepare meals.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People were positive about how responsive care staff were to their needs. A health professional told us, "Staff are good at adapting care to meet people's needs."
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Care plans contained personalised information and gave direction to staff that was specific to each individual. A member of staff explained how one person's behaviour changed through the course of the day and explained how they adapted the way they supported the person to meet their needs. During our visit we saw how staff supported the person to meet their changing needs.
- People's likes and dislikes were recorded within their files, and staff had good knowledge of these. People told us staff knew them well. One person said, "It feels like staff are getting to know me, getting to know my tastes and dislikes. I noticed staff know what other people like as well." Relatives told us staff knew their family members very well, including things that were important to them, such as previous jobs.
- Staff encouraged people to join in different activities, including listening to music, doing jigsaw puzzles, looking at photo albums, enjoying the garden area and walks in the local community. One person was supported to feed the birds and explained how important this was to them and how they enjoyed it. People told us how they enjoyed entertainers who visited the home. A relative explained how staff supported their family member to have a meal and entertainment in the local community and how their family member, "Loved it." Staff planned seasonal activities in the home, such as Christmas parties.
- People were included in the review of their care plans in ways that suited their individual needs. For example, a member of care staff told us about one person who they supported to regularly review their care plans. They said, "(person's name) care plan changes every day. Things are being added as we get to know them." They explained how the information was used to ensure they provided the best support for the person.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were identified, recorded and highlighted in care plans. The registered manager told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service since the beginning of 2018. No formal complaints had been made, however 11 verbal comments had been logged. The registered manager explained how the issues were investigated in accordance with the provider's policy.
- There was a complaints procedure which was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- The registered manager explained what plans there were in place to support people at the end of their lives. They explained how care staff would be trained and would work alongside other organisations, such as GPs, to provide end of life care to people if required."

Is the service well-led?

Our findings

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

Requires Improvement: The service was not consistently well-led, as quality assurance systems were not always managed effectively. Regulations were met.

Continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans and medicine records. However, some checks were not effective because they had not identified issues we found during our inspection visit. For example, the infection control audit had not identified any cleanliness issues or problems with how cleaning equipment was stored. A health and safety check had been carried out by the provider's area manager in March 2019. It had identified some issues we found during our visit, such as the service fire plan required updating. However, it was not clear if improvement action had been carried out because the audit had not been monitored or updated. We discussed this with the registered manager and the area manager. The registered manager told us they were dedicated to making improvements and said, "I want to look after people safely and properly. I will push to get these things done." Both managers gave us their assurances action plans would be monitored more effectively in future, to ensure improvements had been made in a timely way.

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

- People were confident in the management of the service. Two relatives told us, "I would 100 per cent recommend the home to anyone" and "The level of care is second to none."
- People gave us very positive feedback about the registered manager. One person told us, "The manager made me feel very welcome even before I moved in." Two relatives said, "The manager is fantastic" and "The manager is flexible and approachable and has taken on board what we say."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff were kept up to date about people's care through handover at the beginning of each shift, staff supervision and staff meetings.
- Information about key events were shared with the provider at monthly meetings. The registered manager explained they found these meetings useful because, "We talk about events in a reflective way and I can tell people how I'm feeling." They told us they felt supported by the provider and felt happy to request resources where necessary.

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

- Staff understood how to monitor people's care so any additional support could be provided when needed. For example, if someone's needs changed, they were monitored to ensure information was captured to provide the correct support.
- The registered manager understood their obligations for reporting important events or incidents to the

CQC and ensured these were completed in a timely manner.

- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People were encouraged to share their experiences of the service by completing surveys. We saw the most recent survey was completed in October 2018. The registered manager had shared the results with people and highlighted areas for improvement. For example, people had suggested more meetings for family members and people who lived at the home. The registered manager explained they organised meetings as requested, however they were not regularly attended by family members.
- Staff were given opportunities to share their views of the service and the support they received, at meetings with senior staff. Staff told us they valued these meetings. A member of care staff told us, "We talk at meetings and suggest different ways of caring for people." They explained how they talked about different ways they could support one person in line with their individual characteristics, to ensure they got, "The best support."

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals.