Elm Park Healthcare Limited

Elm Park Care Home

Inspection report

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Doncaster
South Yorkshire
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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

The unannounced inspection took place on 4 May 2017. The home was previously inspected in March 2015 when the service was rated 'Good'. This means the service met all relevant fundamental standards.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Elm Park Care Home' on our website at www.cqc.org.uk'

Elm Park is a purpose built care home on the outskirts of Doncaster. The home provides accommodation for up to 75 people on three floors. The care provided is for people who mainly have needs associated with those of older people; this includes a dedicated unit on the first floor for people living with dementia. Nursing care is also provided.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People we spoke with said they were very happy with the way staff delivered care, the social activities available and the general facilities at the home. Throughout our inspection we saw positive interactions between staff and people using the service, as well as with visitors.

People were treated with dignity, respect, kindness and understanding. Staff demonstrated a good knowledge of the people they cared for, their preferences and abilities.

All the people we spoke with, including staff, told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and the reporting procedures. Assessments identified potential risks to people and actions to minimise these risks had been incorporated into the care plans we sampled.

Recruitment processes were thorough, so helped the employer make safer recruitment decisions when employing new staff. At the time of the inspection there was sufficient staff employed to meet people's needs. However, a few relatives felt additional staff would be beneficial.

People received their medications safely from staff who had completed medication training.

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 support this practice.

People's needs had been assessed before they moved into the home and we found they, or their relatives, had been involved in planning their care. Overall the care files we checked reflected people's needs and

preferences and they had been regularly reviewed and updated.

Staff had access to a varied training programme which helped them meet the needs of people using the service and develop their skill and knowledge. Regular support sessions had been provided to staff, but staff appraisals were not consistent with the provider's policy. However, staff said they felt well supported and the registered manager was taking action to address any overdue appraisals.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were happy with the meals provided and we saw they were involved in choosing what they wanted to eat. On the day we visited the dining rooms were relaxed and people who used the service were given time to eat their meal leisurely.

There was a system in place to tell people how to raise concerns and how these would be managed. Any concerns raised had been addressed in a timely manner, and action taken to make improvement, if it was found changes were needed.

Systems were in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings, surveys and regular audits. Where necessary action plans had been put in place to address any areas that needed improving.

Further information is in the 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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service was responsive.

Each person had a care plan which they had been involved in developing. Improvements had been made since the last inspection to ensure care plans were reviewed and updated in a timely manner.

People had access to varied and stimulating activities, as well as outings into the community, which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with staff

Is the service well-led?

Good

The service remains Good

Elm Park Care Home

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

The unannounced inspection took place on 4 May 2017. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise included older people and caring for people living with dementia.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at notifications sent to the Care Quality Commission and the 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 also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 72 people using the service. We spoke with five people who used the service and 10 relatives. We spoke with two nurses, three care workers, the registered manager, the deputy manager, the residential unit manager and the activities co-ordinator. We also spoke with a visiting incontinence advisor and a community nurse.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, medication records, audits, policies and

procedures and four staff recruitment, training and support files.

Good

Is the service safe?

Our findings

Everyone we spoke with said Elm Park was a safe place to live and work. One person living at the home told us, "I do feel very safe here." Another person commented, "I feel safe here. I can't walk very far so they keep an eye on me." A relative told us, "Yes, she definitely does [feel safe] she would not want to live anywhere else." A second relative said, "She [person using the service] is safe as far as falling, they have safety mats for her. But we try to be around at mealtimes to make sure she eats."

We found care and support was planned and delivered in a way that promoted people's safety and welfare. Care files sampled showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Staff demonstrated a good understanding of people's needs and how to keep them safe. They clearly described how they encouraged people to stay as independent as possible while monitoring their safety. We saw care workers moving people using wheelchairs and hoists in a safe and reassuring manner. We also found equipment such as bed safety rails and pressure relieving equipment was used if assessments determined these were needed.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There were robust safeguarding procedures in place, which included staff undertaking regular training in this subject.

Robust recruitment processes ensured only suitable staff were employed to work at the home. For instance, application forms had been completed, two written references obtained, a criminal activity check undertaken and formal interviews had taken place. All new staff completed a full induction programme.

The registered manager described how they had used a dependency tool and the layout of the building to determine the number of staff required on each shift. They said they felt planned staffing levels were sufficient to meet the needs of people currently living at the home, but additional staff were arranged if people's needs increased. For instance, if someone needed to be escorted to a hospital appointment. During our inspection we saw staff met people's needs in a timely manner and call bells were answered promptly.

When we asked people if they felt there was enough staff on duty we received mixed responses. Our observations indicated there were enough staff on duty to meet the needs of the people living at the home at the time of our inspection and this was confirmed by six of the relatives we spoke with, as well as staff. One person told us, "Yes they seem to have enough [staff], she does not wait long for assistance." Another relative said, "Plenty of staff. Yes they are busy, but that's what is involved in the job. There are plenty of staff." However, other relatives felt more staff was required. One relative told us, "They seem to be short of staff at mealtimes." Another relative commented, "No there is not enough staff. They are too busy." A third relative said they thought the staffing numbers affected the level of care their family member received. This was particularly in relation to the top floor. The registered manager said staffing levels were constantly under review and additional staff used as needed.

Staff told us they felt that most of the time there were sufficient staff on duty to meet people's needs. One care worker who confirmed there was enough staff on duty added, "It can be a bit chaotic at times, but they [senior staff] will ring round if we are short staffed." Another member of staff said staffing levels were "Okay", they added, "Like all places sometimes it's busy, but the manager and the office staff help out in the week and it's quieter at weekends so things run smoother."

A visiting community nurse told us they felt that although like most care homes there were times when staff were busier than others, they had found extra staff had been brought in if needed. For example, if someone living on the dementia unit needed more support. The local authority contract monitoring officer for the home also told us from their observations they felt the home was adequately staffed.

We looked at the arrangements in place for the management and administration of medication coming into and out of the home, and found these to be robust. Medicines were only handled by members of staff who had received appropriate training, which included a training session with the dispensing pharmacist, e-learning and long distance learning. The deputy manager told us that senior care staff had undertaken periodic competency assessments to ensure they were following company polices, observation was part of the medication audit. However, these had not been routinely carried out on nursing staff. They said they would introduce formal competency checks for all staff member administering medications as soon as possible.

We found that although basic instructions were available to tell staff about the administration of 'when required' [PRN] medicines, these were not comprehensive. We discussed the benefits of having more detailed information available with the registered manager and her deputy who both assured us PRN medication would be checked for each person and a more detailed protocol added as soon as possible. Following our visit the local authority told us work had commenced to improve PRN documentation.

The people we spoke with confirmed they, or their family member, received their medication correctly. A relative told us "Yes they [staff] give her, her tablets each day. No problems at all. They ask if she needs any pain killers." Another relative commented, "He [family member] has to have liquid medicine now because of swallowing problems."

We saw monthly medication audits had been undertaken to ensure staff were following company policies. Action plans had been used to highlight any shortfalls and staff described how prompt action was taken to address areas needing improvement. We also saw an audit had been completed by the dispensing pharmacist in February 2017. This showed the home was compliant in all areas.

Good

Is the service effective?

Our findings

People told us staff always consulted with them about their care and were respectful of their wishes. When we asked if they felt staff were well trained and competent in their jobs people's comments included, "They are excellent," The staff are very good," "Some are better than others, some are very helpful" and "The staff are fabulous, especially the nurse."

We found staff had the right skills, knowledge and experience to meet people's needs. New staff had completed a structured induction into the home which included completing the company's mandatory training. Topics covered included, food hygiene, the Mental Capacity Act, moving people safely, infection control and fire awareness. The registered manager told us further optional training was also available to help staff develop their knowledge in subjects they were interested in, such as palliative care.

Staff said they felt they had received the training they needed to do their job well. They said as well as the company's mandatory training they were also supported to undertake nationally recognised qualifications to enhance their knowledge and skills. One care worker we spoke with was also a manual handling trainer. They described how they, along with three other staff, had completed the local authority course which enabled them to assess people's manual handling needs and to train staff.

Staff told us they felt well supported and confirmed they had received regular supervision sessions to help them to carry out their job role. They said these also offered them the opportunity to discuss anything they want to. The registered manager told us that although annual appraisal of staffs work performance had taken place in the past some were currently overdue. We saw a plan was in place to ensure outstanding staff appraisals were undertaken in the near future.

We found 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 practice. Records demonstrated people had given consent to their care and treatment. Staff told us they always asked people what they wanted and respected their decisions. Where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files in varying detail. Relatives told us they had been involved in planning their family members care and decisions made in their best interest.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that DoLS applications had been authorised by the local supervisory body and were being monitored. The registered manager told us they were waiting for the outcomes of other applications submitted.

We observed lunch being served on all three floors and spoke to people about their satisfaction with the meal. Dining rooms had a relaxed atmosphere with soft music playing so people could still chat to each

other comfortably. Staff provided the support people needed to eat their meal in an unhurried way and addressed people by their names. They knew what people's preferences were, as well as any special dietary requirements. We saw a restaurant type menu was available outlining what meals were available for the week. We discussed with the registered manager if these were suitable for people living with dementia, as there were no pictures to help them decide which option they preferred. They told us they would consider if picture menus would be beneficial. However, we saw staff on the dementia unit took time to explain the options to people and showed them the plated up meals to help them choose what they preferred. They also used their knowledge of people preferences to help them choose which meal the person would prefer.

Meals were served promptly, the food looked and smelled appetising and if required, people were provided with protection for their clothing. We saw staff in all the dining rooms interacted with people in a friendly, positive, helpful way. We also saw relatives assisted a few people to eat their meal with staff helping other people.

People told us they had enjoyed their meals and confirmed there was alternatives offered if they did not want the planned menu. One person said, "I think they [meals] are very good. We can choose what we want to eat." Another person living at the home told us, "The quality of meals is generally very good." The relatives we spoke with also said they felt the meals were satisfactory. One relative commented, "The meals look lovely. There is a choice of menu for people. She [family member] eats very well."

Care records outlined people's food and drink preferences and any special diets they required. We also saw a nutritional screening tool had been used to monitor the level of risk people were at with regards of poor nutrition or dehydration. Where needed, monitoring charts had been used to record and assess people's food and fluid intake, and specialist advice had been sought from dieticians and other healthcare professionals. Staff described how when people were underweight fortified meals and drinks were encouraged. For example, cream was added to increase the calorific value of food and drinks.

Care records detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and opticians. We found people were supported to maintain good health and had access to healthcare services when needed. One person told us, "They [staff] call the GP if they are concerned and the chiropodist visits." A relative commented, "He [family member] sees the GP and we are waiting for the SALT [Speech and Language Therapist] team to do an assessment."

We spoke with two visiting healthcare professionals who spoke positively about working with staff at the home. One told us staff were very helpful. They said they recorded any evidence they needed to do assessments and follow instructions and suggestions. The other healthcare professional said although communication had been an issue in the past this had improved.

The home's décor and furnishings were of a high quality and thought had been put into how the communal areas and individual bedrooms had been designed. This included quiet areas and informal social areas such as a 'pub', 'café' and a 'cinema room. The gardens were also suitably designed, with seating areas. At our last inspection we noted that on the first floor, which was dedicated to supporting people living with dementia, the environment was not dementia friendly in that there were no pictures to signpost people to bathrooms and toilets. At this inspection we found pictures had been added to help people find their way around the unit and additional stimulation had been added. For instance, we saw twiddle muffs were available to occupy people. These are knitted muffs with items such as buttons and ribbons attached to them. As people living with dementia often have restless hands, and like to have something in them, these helped to keep their hands occupied.

Good

Is the service caring?

Our findings

Throughout the day of the inspection the atmosphere at the home was warm and friendly. We saw staff knew people very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building. We also saw people gathered in the café area in reception to socialise and help themselves to drinks and snacks.

People told us staff were friendly, patient, kind and respectful. One person living at Elm Park told us, "They are lovely staff here." Other people commented positively about staff saying, "They are very good, very kind," "The staff are ok," "They are very, very good, fantastic" and "They are lovely. They look after him very well."

People were given choice about where and how they spent their time, what activities they participated in and where they ate their meals. One person living at Elm Park told us, "I do pretty much what I want when I want. I like my own room."

A staff member told us, "Whatever they [people using the service] want they get. For example, one person has their own menu built around their preferences." We also saw people had been encouraged to personalise their rooms with photographs, trinkets and small items of furniture.

Staff demonstrated a good awareness of how they respected people's dignity and privacy. We saw they spoke with people in a respectful and discreet way, so private topics could not be overheard. The people we spoke with confirmed staff treated people in a dignified way. A relative told us, "They are always very respectful to my [family member]. They respect her privacy because she likes to spend most of her time in her room." Another relative commented, "The staff treat her very well."

The registered manager described to us how people receiving end of life care were supported. She outlined how other health care professionals such as the district nurse team, the tissue viability nurse and the palliative care team all worked together with the home's staff to meet the person's needs. The registered manager said care plans were changed to reflect what the person needed and wanted, and these were regularly updated to reflect their changing needs. She also told us how relatives were encouraged to spend as much time as they wanted to with their family member, and to be as involved in their care as much as they wanted to be.

The registered manager told us how the home was introducing an adapted form of Namaste Care. Namaste Care is a program designed to improve the quality of life for people with advanced dementia who can no longer tell people who they are or who they were or care for themselves without assistance. The program provides a wide range of meaningful activities that help bring pleasure to people with advanced dementia or that have other physical or mental impairments.

The relatives we spoke with said they could visit at any time. One relative told us, "They [staff] are more than accommodating to me. They ask if I want food if I'm here at mealtimes and they encourage us to go out, they know [family member] likes going out. They are great. I feel like part of the family, which is what I want

because my husband is here."

In the reception area we saw there was lots of useful information available. This included the complaints procedure, feedback from meetings and general information about how the home operated.

Good

Is the service responsive?

Our findings

The people we spoke with who lived at Elm Park indicated they were happy with the care and support provided. We saw they looked happy and interacted with staff in a very positive way. The majority of relatives also told us they were happy with how their family member was supported. One relative commented, "They do everything he needs, but they don't do things he can do himself. They encourage him, but provide assistance. When he's agitated or stressed the staff know him well and know how to calm him." However, another relative said their family member had, had to wait too long to use the toilet on one occasion. We shared this information with the registered manager so she could monitor for any other incidents of this kind.

The care records we sampled showed needs assessments had been carried out before people moved into the home and this was confirmed by people we spoke with. Information collated had then been used to help formulate a care plan.

The home mainly used computerised care records, but some paper records were also maintained. In the records we sampled we found where intervention by staff was needed a care plan had been put in place, along with details about how staff could minimise any identified risks. We noted the depth of the information varied depending on who had completed the care plan. We discussed this with the registered manager who said when any shortfalls were identified as part of the audit system action would be taken to address any areas needing improvement. Care plan audit records evidenced that appropriate actions had been taken where shortfalls had been highlighted.

We saw where people had been identified as being at risk due to weight loss their care plan gave timescales for their weight to be checked and these had been adhered to. However, in one plan although the evaluation notes clearly stated supplements had been stopped at their request, but fortified food and drink should be continued, this had not been updated in the first part of the plan. The registered manager said they would ensure the plan was amended immediately. We found the person had received fortified meals and drinks so the missing information had not affected their care provision.

At the last inspection we noted that care plans and risk assessments had not been evaluated on a regular basis to assess if they were being effective in meeting people's needs. At this visit we found care records had been evaluated regularly, and they contained good information about changes in people's planned care and support.

Staff told us information was passed on between shifts using various handovers. They said information was handed over between senior staff and then a 'walk round' handover took place with care staff. They said this was very useful as it meant they were updated about any changes in people's general condition and wellbeing.

The home employed three specific staff to facilitate social activities. We spoke with one of the activities co-ordinators who showed us the monthly activity schedule. This told people what activities were arranged for

May. It included a trip to the coast, entertainers, armchair exercises, a tea dance, a coffee morning, arts and crafts and film shows. We also saw one to one sessions were arranged for people who could not, or did not want to join in the planned programme. The activities co-ordinator told us activities were as personalised as possible, for instance they said one person liked to have a bet, so they took them to the betting shop. Another person liked to go out for afternoon tea.

On the ground floor we saw people helping themselves to drinks and snacks from the cafe, and there was also a bar, sweet shop and ice cream freezer in this area. This was available to people living at the home, as well as their visitors. The registered manager explained this was free to people who, lived at the home, but donations were accepted from visitors. A community nurse told us, "The activities are fantastic. Lots of activities and stimulation. The other day I could hardly get in the entrance as there was a singer on and everyone was dancing. They also do things like bingo, flower arranging, nails and films."

People confirmed they enjoyed the social activities provided. A relative told us, "There is plenty to do if they feel like it." Another person commented, "Sometimes it is like one big party here. They have lots of things going off." We also found people could spend quiet time doing what they wanted to do. For example, one person told us, "I don't really take part [in planned activities] I like to watch TV in my room."

During our visit we saw arrangements were being made for people to vote in the local mayoral election taking place that day. This showed staff promoted people's right to vote.

The provider had a complaints procedure which was available to people who lived and visited the home. We saw concerns received had been recorded with the detail of each complaint, what action was taken and the outcome, including letters sent to the complainant. Where areas for improvement had been identified, information had been shared with key staff to help drive forward the improvements.

We saw numerous compliments had been received. These included positive feedback about the good level of care provided, changes made to food choices and how understanding the registered manager had been.

Good

Is the service well-led?

Our findings

The service continued to be well led by the 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.

During the inspection we saw the staff teams were well organised and worked well together. We noted positive examples of leadership from the registered manager and the management team. For instance, we saw the registered manager knew the people using the services and visitors well and addressed them by name. They were knowledgeable, understanding and interested in the person's opinion. Staff told us the ethos of the service was to make Elm Park as much a person's home as possible.

People we spoke with told us the registered manager was always visible and they felt supported by the management team. One person said, "She [the registered manager] is very proactive and open to issues. Very helpful." Two other people described the registered manager as, "Very hands on" and "Helpful." A relative told us, "All the staff are great and a lot of that comes from above [meaning the registered manager]. The manager is fantastic at her job and runs a tight ship, but the staff respect her, and she runs a good home."

We spoke with two visiting healthcare professionals who told us the home was well run. One said, "The manager is very helpful and the home is very welcoming and very open."

Staff told us they enjoyed working at the home and spoke positively about the management team. One member of staff said the management of the home was, "Very good. The manager is approachable and will help if you have a problem."

Periodic staff meetings enabled staff to meet and discuss topics such as planned changes at the home, training and health and safety issues, as well as to make sure any relevant information was shared with the staff team. These included heads of department, care staff and nurses and senior care staff meetings.

The provider had an effective quality assurance system to seek the views of people who used the service, their relatives, staff and visiting professionals. All the people we spoke with confirmed they had the opportunity to share their views with the company. One person living at the home said, "There are residents/relatives meetings held. They are useful, we discuss menus and outings." A relative told us, "I have come to meetings and they are very useful. They act on any concerns we may have."

We saw the outcome of the last survey undertaken in 2016 was displayed in the reception area. It showed that the vast majority of the 31 people who responded felt the home was 'good'. We saw the management team had produced an action plan to highlight the few areas people felt could be improved, this included the details of how they had been addressed. A suggestion box was also available in the reception area. The registered manager told us any suggestions received were discussed at the 'resident and relatives meeting'

to decide if any changes were needed.

We saw various audits had been used to make sure policies and procedures were being followed. These had been carried out periodically by the registered manager and staff working at the home. These included topics such as, equipment checks, care files, the kitchen and medication practices. This enabled the management team to monitor how the home was operating and staffs' performance. Where shortfalls were found action plans had been devised to address them.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example, we looked at accidents and incidents log, this included a record of any investigations which had taken place and who had been involved. Actions plans had been developed where necessary and the registered manager had analysed the information to look at ways to minimise risks and improve the care provision.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.