

Saint Elkas Limited

Saint Elkas Care Home

Inspection Report

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Summary of findings

Overall summary

Saint Elkas is a care home for up to eight people. It can provide care and support to people who have enduring mental health needs. Eight people were residing at St Elkas on the day of our inspection, they were from middle to older age.

The service had a registered manager in post. There were clear management structures offering support and leadership. The home had a positive, empowering culture.

People told us they were happy living at the home and they felt the staff understood their care and support needs.

People were involved in decisions about their care and support. Staff made appropriate referrals to other professionals and community services.

Staff understood people's care and support needs. They were kind and thoughtful towards them, and treated them with respect.

The staff had received training and understood the needs of people living at Saint Elkas. There were sufficient staff to meet the needs of people at all times.

We looked at how medication was administered, recorded, stored and managed. We found systems were in place but improvements could be made in relation to the recording and storing of medication.

People spoke positively about the range of activities in the home and community, they were tailored to individual needs and preferences.

The home was clean, hygienic and well maintained.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

Records showed that CQC had been notified, as required by law, of most of the incidents in the home that could affect the health, safety and welfare of people. We found that one safeguarding notification had not been completed. The provider ensured all staff knew about this and we saw improvements to systems were put in place on the day of our inspection. Because the provider had not provided the notification they had breached one area of the Health and Social Care Regulations. The action we have asked the provider to take can be found at the back of the full report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People we spoke with told us they felt safe at the home. One person told us, "I feel safe, I feel protected by staff and they have my best interests at heart."

We found suitable safeguarding procedures were in place and the staff understood how to safeguard the people they supported. We found that one safeguarding notification had not been completed. The provider ensured all staff knew about this and we saw improvements to systems were put in place on the day of our inspection.

Staff knew about risk management plans and showed us examples where they had followed them. People were not put at unnecessary risk and they had access to choice and remained in control of decisions about their care and lives where possible.

Staff records contained all the information required. The provider demonstrated the staff employed to work at the service were suitable and had the skills and experience needed to support people.

Staff handled medicines safely, but better records in relation to protocols and temperature checks should be in place.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Although no DoLS applications had been made, staff were able to describe the circumstances when an application should be made and knew how to submit one.

Everyone living at Saint Elkas could make their own decisions with support and encouragement. The staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they were aware of how to support people who could not make decisions for themselves when required.

Are services effective?

People's health, care and support needs were assessed with people using the service and/or their relative or advocate. This involved writing their plans of care and support. We saw people's support plans were up to date and reflected individual current needs.

People using the service had care records that showed how they wanted to be supported. Information we read in the care records matched the care, support and treatment we saw being delivered to people. People told us they were happy with the care and support

Summary of findings

they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of the people's needs and knew people well. Staff had received training to meet the needs of the people using the service.

People told us they felt happy discussing their health needs with staff and had access to a range of health care professional which included doctors, podiatrists and community psychiatric nurses.

Are services caring?

When speaking with staff it was clear they cared for the people they supported. People told us the staff were kind and thoughtful. The staff knew how to support people in a caring and sensitive manner. One person told us, "Everything is explained whenever I need it as I have memory problems"

People had detailed care and support plans relating to all aspects of their support needs. They contained a good level of information setting out exactly how each person should be supported to ensure their needs were met.

People's preferences, interests, aspirations and diverse needs had been recorded. We saw people were supported by kind and attentive staff. We saw staff showed patience and gave encouragement when supporting people.

People told us they felt their rights, privacy and dignity were respected. One person told us, "The staff here are good and we respect each other."

Are services responsive to people's needs?

People's needs had been assessed before they moved into the service. We saw records where people who used the service had met with their named member of staff on a monthly basis to discuss what was important to them. Records confirmed people's preferences, interests, aspirations and diverse needs had been discussed.

People had access to activities in the home and also in the community. They had been supported to maintain or forge relationships with friends and relatives. One person said, "I attend art classes, a walking group and I'm about to start horse grooming."

Advocacy services had been used to ensure people were able to make informed decisions. These had been arranged by the registered manager with the local authority to ensure people using the service were not influenced by the staff who supported them.

Summary of findings

Are services well-led?

The provider had a quality assurance system in place. We saw records which showed that identified problems and opportunities to change things for the better were addressed promptly. As a result the quality of the service was continuously improving.

We saw that where improvements in medication recording and storage could be made these commenced on the day of our inspection. This meant the provider ensured that where improvements were needed they were actioned promptly.

There were systems in place to make sure managers and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This helped to reduce the risks to people using the service and helped the service to continually improve and develop.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and knew there were quality assurance processes in place.

People and the staff we spoke with said the management team had consulted with them before implementing changes to the service and their views had been listened to.

The service worked in partnership with other agencies and professionals to make sure people using the service received well managed and well-coordinated care. One person said, "If I need a doctor's appointment I ask the staff and they always make the appointment quickly."

We found the provider notified CQC of any the necessary incidents that occurred in the home except for one. We discussed this at the time of our inspection and the provider made sure all their registered managers were aware of the need to complete safeguarding notifications. There were good systems in the home to ensure lessons were learnt and improvements were made.

Summary of findings

What people who use the service and those that matter to them say

People using the service talked positively about their home, one person told us, “The staff treat me kindly, they care about me here.” Another person said “The staff are firm but that is beneficial to me.”

We saw people were relaxed and everyone living at the home spent their day differently, dependent upon individual choice. One person said, “I go to art, sewing and craft groups in the community, and do baking in the house.” Another person said, “I prefer to stay in my room and join in things when I want to.” One person we spoke with took us to their room and said, “Anything I want I just have to ask, they always try and help wherever they can.”

One relative we spoke with told us they were very pleased with the care and support their family member received. They said, “It’s a lovely place, you can’t fault it. The staff are wonderful.”

A person using the service said, “I am involved in my care plan and I can say no to things.” This meant people felt included in their care, and were able to discuss the way they wanted their care and support to be delivered.

Saint Elkas Care Home

Detailed findings

Background to this inspection

We visited the home on 15 April 2014. The inspection team consisted of one inspector and an expert by experience. Our expert by experience had experience in mental health services.

Saint Elkas supported people who had a mental health related condition. We spoke with everyone living in the home and three of the staff on duty. We also spoke with a community psychiatric nurse and a relative on the telephone.

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 is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed all the information we held about the home. This helped us to decide what areas to focus on during our inspection.

We looked at the surveys people using the service and their relatives had completed. We saw the provider ensured that when needed changes were made to support people using the service.

At the last inspection in October 2013 the provider was compliant with the Regulations we looked at.

Are services safe?

Our findings

We observed staff supporting people in a sensitive and appropriate way. Where needed we saw the necessary risk assessments were in place to keep people from harm. The assessments also supported the staff in knowing how to care for the person in a safe and consistent manner. We saw people could participate in their preferred activities through positive risk management by ensuring people were able to improve their skills and confidence. For example one person administered their own medication. They told us, "I have been self-medicating for a year now; I am responsible for going to the medicine cupboard with staff and getting my own medicine. I know what they are for and the side effects."

Systems were in place to ensure any concerns about a person's safety were appropriately reported. All the staff we spoke with told us how they would recognise and report abuse. The training records confirmed that staff received regular training to ensure they were up to date with the systems in place to report safety concerns. One person using the service told us, "I have never seen aggression between people here."

We saw that safeguarding referrals had been completed as required. The provider had ensured the information needed had been passed to the appropriate person but they had not completed a notification to us as required. The provider was not aware this was needed but has ensured all parties have been made aware of this requirement. We found only one notification had not been sent to us, all others had been completed as required.

People were cared for in a safe environment. People were not restricted to the confines of the indoor environment and were encouraged to make decisions about their safety and wellbeing. People could enter and leave the property as and when they required. When risks were involved such as travelling on public transport we saw the appropriate documentation was in place to keep people safe.

During our inspection no restrictions were placed on people using the service. People's rights were protected because the staff we spoke with understood the legal requirements that were in place to ensure this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. We saw the staff had received training in the Act and the DoLS, and staff

told us about the local systems in place to protect people's rights. Advocacy services were available to people if they had no one to speak on their behalf or if they wished to speak with an independent person.

We spoke with two staff who told us they had received training in the Mental Capacity Act 2005. They discussed the implications of the Act in relation to capacity and consent and they knew what the Act covered, and the principles of the Act. This demonstrated people could be confident their wishes would be taken into account if they did not have capacity. The staff knew mental capacity assessments needed to be completed, and decisions must be made in their best interests.

We saw the staff recruitment practices were safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified and people who used the service were protected.

We looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed. We saw the necessary information was available to confirm medicines were administered with people's consent. When people using the service administered their own medication they were not recorded on the signature sheet. Adding their signature would promote the person's independence. We saw there was a suitable system in place to monitor the supply and use of medicines and there was information available in risk assessments to ensure medicines were managed safely. We looked at the medication records for people who had 'as and when required' (PRN) medication, and saw that protocols were not in place when staff were making the decision about when medication was required. Providing a protocol would ensure the staff had clear information on why and when to provide certain medication. We looked at the medication administration records (MAR) to check they had been completed correctly. We saw that suitable recording of medication administration was in place. We checked two people's records and saw information was accurate.

We checked three people's records and found the records and the amount of medication tallied. This meant that for the records we looked at the medication recorded was available in the home, and that a suitable auditing system was in place. We saw the room temperature in the

Are services safe?

medication storage area was not monitored or recorded. The provider may wish to seek advice from the supplying pharmacy to be certain that medication had been stored as required by the manufacturer.

Are services effective?

(for example, treatment is effective)

Our findings

We looked in two people's care records and found they reflected people's current needs. For example information was present to support people with physical health, mental health, communication, behaviour, mobility and social skills. Information contained within the care records was personalised and people's specific needs and preferences had been obtained through getting to know their individual likes, dislikes and behaviours. There was evidence that choices had been recorded such as where people liked to spend time and the activities they liked to be involved in.

The staff we spoke with all told us that increasing people's independence was a key aim of the organisation. All the staff we spoke with thought that the people they supported had developed and achieved a greater level of independence whilst living in the home. We saw the care records contained short and long term goals and described how these would be achieved. People using the service and their families felt they were involved in the way they chose to live their lives and their views were listened to and acted upon. One person said, "When we look at my care plan the staff either read it out to me, or I read it before I sign it."

We saw risk assessments were in place to ensure the provider was able to meet people's needs. We checked the care records for two people using the service. We saw that the records contained detailed information and assessments specific to the person concerned. The information in the care records enabled staff to understand the needs of the people they cared for and how to deliver care in a way which met those needs. One member of staff told us, "We get good information and have lots of meetings so everything is up to date."

We saw records that showed people had visited other care professionals including doctors, nurses and podiatrists. This meant that people were supported to maintain their health and wellbeing. We spoke with a community psychiatric nurse (CPN) on the telephone. They said, "The staff work effectively, I see consistent, regular staff. They are always trying to increase people's independence in the community and set realistic goals."

Staff confirmed they received the training they required and felt they worked well as a team. One staff member said, "The training is very good and regularly updated, we get good support and are well informed."

Are services caring?

Our findings

The staff spoke with people using the service in a calm, dignified and adult manner. We saw the relationships between people using the service and the staff were strong. One person told us, “The staff treat me kindly, they care about me here.”

People told us they were happy and content and there was evidence to demonstrate people were well cared for. A relative told us, “X (person using the service) is so different now and really takes an interest. If it wasn’t for them they wouldn’t be here. The improvement is wonderful.”

The staff were friendly and professional in their approach and interacted confidently with people. We observed the staff as they supported the people they cared for. We saw there was a relaxed atmosphere in the home and people were comfortable with the staff.

We saw staff treating people with compassion and listening to people’s wishes. The staff told us that they always made sure they treated people respectfully and their privacy was protected when they provided support. One member of staff told us, “We are encouraged to read the care and support plans and always make sure they do what they want to do.” The records we looked at were clear, informative and up to date. The community psychiatric nurse (CPN) told us, “The staff are aware of people’s needs, not just their mental health needs, but their physical and health needs. I have seen appointments are made quickly and managed well.”

People using the service and their relatives considered they were listened to. We saw the staff were familiar with the

communication needs of the people they supported. This meant the staff had a clear understanding of how to meet each person’s needs. A relative said, “The communication is really good I am kept well informed.”

Everyone the expert by experience spoke with offered positive feedback and confirmed the staff were kind. One person said, “The staff are all really approachable at any time”.

We saw staff had the time to forge relationships with people. People using the service had a keyworker which allowed staff to develop relationships. During the inspection we saw staff provided companionship to people using a range of communication techniques. Staff were interested in people and ensured they were occupied and happy. We asked staff about people’s individual needs and preferences and found staff had a good understanding about each person’s care needs that we asked them about.

We saw staff knocked on people’s doors before entering and ensured dignity was maintained when providing support. Staff we spoke with provided us with examples of how they ensured people’s dignity and privacy were maintained. Staff also recognised the importance of ensuring people’s independence was increased and life skills were developed. They were able to give us good examples of how this had been achieved. For example the staff encouraged people to manage their own person care, do their own shopping and how to manage and spend their money and time.

The service continually reviewed its practice to make sure that people’s individual needs were suitably managed, and people were empowered to take control of their lives. The provider worked well with other professionals and the local community to ensure the correct levels of support were in place at all times.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

On admission information about Saint Elkas was offered to people and their families in a manner that reflected their communication needs and their ability to understand.

People were able to visit the home prior to admission and stay for meals or for as long as they requested. A member of staff said, "Assessments are always done before anyone comes. People come for short periods to start with for a few days or maybe a night. During this time we spend time with them and show them the area, what's around such as the bank, post office and library. We make sure they know what they need to know and talk with them honestly, they then hopefully trust us."

We saw the staff worked with people to establish effective methods of communication so that individuals could be involved in their care. This may be talking to people in a specific way and also giving them time and space to complete tasks at their own pace. Personalised plans were developed to guide staff on how to involve them in their care. One person using the service told us, "I have reviews with my key worker and they make sure I am happy with my support plan."

The community psychiatric nurse (CPN) spoke well of the way staff responded to people needs. They told us they had a very good working relationship with the provider. They visited Saint Elkas most weeks, and confirmed the staff used them appropriately as a link to other services. They said, "They offer a very good level of care, it is really high and I have been very impressed. They respond to each and every need and make sure there are sufficient staff available."

Staff timetables were based around supporting people appropriately. We saw evidence the provider had a flexible approach to ensuring people could undertake the activities they wanted to on a particular day. This included regularly going out into the community as well as undertaking activities in the home. We looked at daily records and saw people had been supported to undertake a range of activities which included going to the local farm, travelling on the bus to local towns, baking and arts and crafts. A relative we spoke with confirmed there was a wide range of activities available.

Care records considered social isolation and the provider ensured people were provided with an appropriate level of social interaction. The staff we spoke with had a good understanding of people's individual social needs. We saw staff regularly interacting with people to provide social stimulation and prevent them becoming lonely. The ratio of staff to people using the service helped ensure people were provided with an appropriate level of social interaction.

The care records we viewed showed that where people needed specialist advice or treatment, the provider had liaised with the appropriate agencies. We saw that people who required nursing

needs had been moved to more appropriate services. This meant that people using the service were supported to access appropriate health and social care support to meet their needs.

During our inspection we saw that staff gained verbal consent from people using the service for their day to day care. People were asked where they wished to sit and what they wanted to do. People confirmed that the staff asked their permission before supporting them to do something. One person said, "I'm independent and the staff are understanding. I choose what to do and there are no restrictions."

We reviewed the complaints procedure that was in place. This stated how people could complain, who they could complain to and when any complaint would be responded to. This meant it was accessible to all people and they were aware of their right to complain. We saw that when needed the provider had been responsive to people's comments and had amended the way things were done to support people living in the home. An example of this was the introduction of a coffee morning rather than a residents' meeting. This change had resulted in people feeling more relaxed, which in turn meant they offered their thoughts and views more freely.

We saw the provider offered people written information on advocacy services provided by the local authority, these were used as and when required. One person was in the process of speaking with an advocate in relation to their 'next steps'. The provider informed us they used an advocate because they did not want to influence the person's thinking.

Are services well-led?

Our findings

Satisfaction surveys were sent to people using the service, their families and the staff. These were evaluated and changes were made where needed. Staff comments included, 'The home is well run and promotes residents to be as independent as possible.' 'The home is run in a friendly and homely atmosphere, which people respond to.'

We saw the care records were reviewed regularly to ensure that staff had the correct and up to date information to meet people's needs. We saw that health and safety checks were also being carried out regularly to keep people safe. On the day of our inspection the fire alarm was tested. We heard people being told this was happening so they knew that it was a test.

Regular audits took place on falls, medication, accidents and incidents and infection control. We saw action plans were in place to ensure issues were dealt with appropriately. We saw incident and accident data was recorded and evaluated so lessons could be learnt.

A monthly operations report was completed detailing any meetings, complaints, incidents and key risks which had emerged. This meant the provider ensured learning and improvements were regularly reviewed and considered.

CQC had been notified, as required by law, of most of the incidents in the home that could affect the health, safety and welfare of people. We found that one safeguarding

notification had not been completed. This meant there had been a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider ensured all staff knew about this, and we saw improvements to systems were put in place on the day of our inspection.

Observations of interactions between the deputy manager and the staff with people using the service showed good relationships had been formed. One member of staff told us there was cross-working between the homes owned by the provider and this helped with resolving issues quickly and effectively.

We saw there was an 'open door' policy with people using the service entering the office freely at any time. Relatives told us they were always made welcome and were contacted regularly. They said the staff empowered people using the service by listening and responding to their comments.

We asked the deputy manager how people were involved in the running of the service. They told us that people who used the service were involved in the recruitment process in order to ensure the staff who supported them were suitable.

We saw there were policies in place in relation to whistleblowing. The staff we spoke with understood the procedures and were aware of the action to take should they have concerns.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	The service had not notified the Commission of an incident as required by law. Regulation 18 (2) (e)