Mr Brian William Parry & Mrs Jean Parry

Elm Farm

Inspection report

57 Woodway Lane
Arkle Way
Walsgrave
West Midlands
CV2 2EG
Tel: 024 7661 0325
Website: www.elmfarm.yolasite.com

Date of inspection visit: 16 December 2014
Date of publication: 27/02/2015

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

Overall summary

We carried out this inspection on 16 December 2014. The inspection was unannounced.

The home is registered for a maximum of twelve people offering personal care and accommodation to older people and to older people with dementia. The service has a registered manager. The 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On the day of our inspection the registered manager was on leave. The assistant manager was managing the home that day.

Elm Farm is an older style property over two floors with a large conservatory 'courtyard' in the centre. At the time of our inspection 12 people lived at the home. Two of the rooms were shared rooms. The home also offers respite facilities. The registered manager lives on site.

Summary of findings

At our last inspection in June 2014, we identified breaches of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010 in relation to Regulation 10, Assessing and monitoring the quality of service provision. We found that the manager did not carry out regular audits of the service and that risks were not assessed, identified and managed. Following this the provider sent us an action plan which told us about the improvements they intended to make. At this inspection we found improvements had been made. The assistant manager was able to show us many changes which had benefited them in managing the service.

People who lived at the home, relatives and staff told us people were safe. There were systems in place to protect people from the risk of harm. These included comprehensive staff recruitment and training practices. Procedures were in place to effectively protect people against risks of abuse.

We saw that staff were respectful in their approach to people and people told us staff were caring. Staff understood the need to ensure privacy and dignity when providing care and could give examples of how they did this. People told us there were enough staff to care for them.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The assistant manager was aware of recent changes in legislation.

Records showed people's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. These showed they had considered people's backgrounds, interests and preferences so social activities could be personalised. Risks had been assessed and plans were in place to minimise these.

There was a system in place for managing and storing people's medications safely. This had recently been reviewed by the Clinical Commissioning Group and some further improvements were being made by management.

Summary of findings

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

Good

Staff knew how to recognise potential abuse and the steps to take to safeguard people from this. Risks to people's health and safety and these were clearly documented to enable staff to manage these effectively.

Medicines were stored and managed safely with improved systems in place and staff were confident in administering medication.

Staff recruitment procedures were thorough and staff were given a good induction and training. Staff demonstrated the skills required to do their jobs well.

Is the service effective?
The service was effective

Good

Staff were trained to enable them to do their jobs effectively. We saw they were supported by the manager in their roles.

The manager showed a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We saw that capacity was considered in providing care to people and recorded on care files.

Nutritional needs were supported and people were offered choices around meals so that their individual needs were catered for.

Is the service caring?
The service was caring

Good

People told us they enjoyed living at the home and were positive about the staff. The 'home from home' ethos was clearly evident.

People were cared for with kindness and respect. Staff made sure people's privacy and dignity was upheld and their independence encouraged.

People told us they were involved with their care and records seen confirmed this involvement.

Is the service responsive?
The service was responsive

Good

Care plans clearly detailed people's background and interests so that staff had a good understanding of each person. Activities supported people's individual and group interests. People could choose to be involved or not and the activities person worked hard to keep the activities enjoyable for everyone.

Complaints were dealt with quickly and appropriately by managers. The complaints policy was displayed and people were aware of how to make a complaint should they wish to do so.

Is the service well-led?
The service was well-led

Good

Summary of findings

Quality monitoring systems in areas such as infection control, medication and accidents had been put in place. These audits were completed to make sure people received their care and in a way that continued to protect them from potential harm or risk.

Staff worked well as a team. Staff said the managers were approachable and effective. There was a good atmosphere in the home amongst staff.

The assistant manager knew people's needs well and had good relationships with them. We saw people appeared comfortable talking to them and would raise any concerns if they needed to.

Elm Farm

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.

This inspection took place on 16 December 2014 and was unannounced.

The inspection team included two inspectors. Before the inspection we reviewed the information which was held about the service. We looked at information received from relatives and visitors, we spoke to the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, complaints and information from the public. We spoke with the local authority who confirmed they had no information of concern regarding this service.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we were advised at the inspection that the request was not received by the service.

During the inspection we spoke with the assistant manager, five care staff and the head of care. We spoke with five people who lived at the home and two relatives. We observed care and support being delivered in communal areas and we how people were supported to eat and drink at lunchtime. We also observed medication being administered.

We reviewed two people's care records and records of the checks the registered manager made to assure themselves that people received a good service. This included other records that related to people's care including quality assurance audits checks, complaints and accident and incident reports.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person said "I feel very safe, the staff are all lovely." When we looked at the staffing levels for day and night time, we saw there were sufficient staff to meet people's needs over a 24 hour period. We saw the manager ensured more staff were on duty on some days as care needs were greater, for example if someone had been unwell and they needed two carers, this was reflected in the rota planning.

All staff we spoke with understood how to keep people safe and gave us of examples of how they did this. In one example, a staff member told us if they knew someone was unsteady on their feet, they would ensure a member of staff was ready to support them when they stood up.

All staff we spoke with recognised the signs of potential abuse. We gave staff three different safeguarding scenarios. One where a person was being shouted at, another where a relative was taking money from a person, and a third where a person had confided in a member of staff that another member of staff had pushed them on the bed. Staff were clear all three of these were types of abuse and told us they would report the information to the manager and expect the manager to deal with this.

The manager visited each person before they came to the service and they discussed their care needs with them. This was to make sure they could meet these needs at Elm Farm and it would be the right place for them to live. There was a monthly review meeting held following an admission to make sure the person was happy with their care and the home was able to support them.

We saw from two care files we read, that risks associated with people's care had been identified and that ways to manage these had been put in place to minimise the risks. These gave information for care staff to follow. For example, a person was assessed as at risk of developing pressure sores. The care plan informed of the action staff should undertake to minimise the risk. We saw staff had carried out this action by ensuring the person had the right equipment and it was used appropriately.

The assistant manager showed the systems and records used to monitor and audit the care delivered so that it was effective. For example a record detailing accidents and incidents now had a system whereby trends could be identified, such as falls. Systems of using different coloured paper on files signifying different records types had been introduced successfully. We saw other systems were in place around infection control, cleaning audits and fire safety.

A system was in place in each person's file to show accidents. Also 'near misses' (incidents which could result in a future accident) were documented to aid understanding for managers and care staff. We saw one person sometimes had a sudden loss of mobility when walking so was at risk of falling. Now a care worker supervised them more closely as this had been recorded as a near miss.

We saw people's human rights were respected. For example, a person who had the capacity to make decisions had decided not to take the advice of a health care professional to minimise risks relating to a condition they had. The person did not want to take this advice as it impacted on them in a way they did not like. The staff reminded the person of the risks and the advice given but respected the person's decision to decline.

Staff had a good understanding of what to do in the case of an emergency because there were procedures in place. For example, staff understood how to evacuate the building in an emergency, and the evacuation plan was posted on the wall in the office. The manager had a contingency plan in place if people could not return to the building.

Most of the staff we spoke with had worked at the home for a long period of time and demonstrated a good knowledge of the needs of people living there. We saw staff had the skills and knowledge to meet people's needs.

The newest member of staff on shift had been working at Elm Farm for just over three years. They told us they shadowed staff for two weeks whilst waiting for their checks to be returned, and then had intensive training. This included observations by line managers before they could work independently. Training included moving and handling, infection control, safeguarding and first aid.

We saw that the recruitment procedure was thorough, for example, staff had to account for gaps in employment, plus provide three references, prior to starting work. This meant that the manager was confident that the staff they employed were suitable for working in this environment.

We spoke with people about their medication. No one was managing their own medication in the home. We looked at

Good

Is the service safe?

the storage and administration of prescribed medicines and homely remedies. We saw appropriate arrangements had been made to store medicines (including controlled medicines) and to record medicines administered. We observed a member of staff administering the lunch time medicines to people. They made sure people took all the medicines prescribed to them. Staff had received training to support the safe administration of medicines, and had recently had a competency check carried out by the registered manager to ensure they remained safe to administer medicines.

Good

Is the service effective?

Our findings

People told us they were able to get access to health care when they needed it. One person said, "They get the doctor out if needed."

We saw from looking at care records and talking with staff, that staff were quick to identify any concerns they had about people. For example, staff checked on people's skin condition when they provided personal care. If they had concerns that skin was breaking down they sought advice. "If I was concerned (about skin) I would phone the [district nurses] up and ask them to come". I would report any concerns straight away. Care records demonstrated people had been seen by the optician, district nurses, chiropodists, social services and the GP.

We saw when the staff shift changed, staff had a handover meeting where they informed the new shift of people's care needs and any identified changes. A record of the handover between staff was completed which was detailed and was effective in providing staff with additional information to ensure continuity of care.

Staff were provided with the training they required to do their work. They told us the assistant manager and senior care workers provided them with support and supervision.

The training schedule, kept by the manager, detailed all staff training undertaken, the source of the training and frequency. This meant the manager monitored this and supported staff to keep their knowledge and skills up to date.

Staff had a good understanding of their roles and responsibilities. They told us they had recently had training in infection control, moving and handling people, safeguarding people, DoLS (Deprivation of Liberty Safeguards) and Mental Capacity Act 2005 training. They had undertaken distance learning in dementia care.

A staff member told us they had recent training about how to be a 'dementia friend' and this had 'opened their eyes' when caring for someone with dementia. They gave an example that if someone appeared aggressive, the training had taught them that this was due to the illness and they better understood now the skills needed to support them.

Another staff member told us they were about to start their level 2 Diploma in Health and Social Care, and after they had completed this, it had been agreed they could undertake training in end of life care, which was something they were passionate about. This showed the manager encouraged staff development and supported learning.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The assistant manager was aware of the current DoLs legislation and informed us there was no one at the home whose liberty was being restricted.

The assistant manager understood about assessing people's mental capacity and acknowledged that some improvements were required so that this was evidenced clearly on records. One staff member told us, when talking about someone with dementia, "it is about taking every moment as it comes" showing their understanding that the persons levels of understanding may change throughout the day and just because they had understood something once this may not be the case the next time.

We saw where people lacked capacity that decisions were made in people's best interests involving the people closest to them. For example, it was agreed with a person's family members it was in their best interest to have sugar in their hot drinks despite being a diabetic because it was the only way the person would have fluids. They would refuse drinks without this and risk becoming dehydrated.

Records showed us that people had been asked to consent for medical information to be passed to their GP, consent for photos to be taken, and for staff to administer medication.

On some records we saw DNR (Do Not Resuscitate) advance statements were in place. The assistant manager told us that they were in the process of reviewing care records around this area for everyone in conjunction with the GP to see if records were accurate and up to date.

People were supported to have enough to eat and drink and told us they enjoyed their meals. One person told us "The food is great; we get enough drinks throughout the day." Another person said "The food is lovely and I enjoy

Good

Is the service effective?

the food, it is always hot." We saw staff considered people's individual needs and promoted people's independence. Some people used adapted cups and straws when drinking. Staff provided adapted cutlery and crockery, and where it was required, cut food into smaller bite sizes. We saw other people were helped to drink and eat by staff. One person told us the staff encouraged them to drink lots during the day because it helped them with their medical condition.

We saw records which showed people had a choice for each meal. Breakfast was usually cereal and toast, with some people having fruit with their breakfast. At lunch time we saw people had a choice of meal and there was a variety of foods to choose from.

The cook was aware of, and recorded people's dietary needs. Food was prepared to meet those needs, for example one person's food required mashing to help them with swallowing. We saw communication was good between care staff and the kitchen staff.

Good

Is the service caring?

Our findings

One person said to us "It's lovely living here, when I went into hospital, I lost all dignity, I can't speak highly enough of the staff." Another said "The staff are very polite." A different person said "Staff are all lovely; the best thing about here is the company."

We saw staff and people living at the home had fun with each other. We saw a lot of smiling and laughter. Both staff and people told us they felt the service was a 'home from home'. One person told us "I love it here; you would not find anyone happier". Another said "the staff are really nice".

Staff had a good understanding of people's present needs and their backgrounds and likes and dislikes, so their care could be personalised. Staff wanted to make people as comfortable as possible. One member of staff told us, they 'warmed people's pyjamas' to make them feel cosy before going to bed.

We saw in two bedrooms, staff had placed written information in areas where people would see them. This was to reassure people who might forget they could be helped that they were not on their own and staff were available to support them. For example, a notice was placed over a call bell, saying 'good morning [person]'. We were told this helped the person know to press the bell and get staff to come and help them. Another notice reminded the person of when staff would be in to help them, make them a drink and when they would have dinner.

People told us they were involved in their care planning, as were their relatives. Records showed people were asked how often they would like reviews of their care, for example monthly, six weekly, three monthly or six monthly. Records also gave detailed information about discussions staff had with people about their care and welfare needs.

Throughout our visit we observed people were treated with dignity and respect. For example, we saw one person getting ready to go to the toilet in the living room. Once staff were alerted to this, they gently and kindly guided the person to the nearest bathroom ensuring the person maintained their dignity.

We spoke with people using the service and staff and observed how staff worked to see how they promoted people's dignity and showed them respect. They told us they made sure doors were shut and they placed towels over the body so the person was not exposed when providing care The manager said it was important their privacy was respected as it would be in their own home.

One room was a shared room and the assistant manager told us they made sure on admission anyone going into this room had a good understanding of the pros and cons of sharing a room as it may not be suitable for everyone. People had the choice whether to accept this room or not.

In one shared room a curtain was placed between the two beds to provide privacy. For example, when visitors called on one person the curtain was drawn to enable the other person the privacy from being viewed by them. The person also told us they "Draw the curtains for any personal care. They won't do anything I don't want them to do." We saw the staff supported people's privacy.

We saw there were visiting times for relatives and friends. This was not to restrict access but to ensure people had protected meal times, and to promote a feeling of security in the home. We were told that whilst there were visiting times, if people could not make these times, they would be welcomed at other times. People and their relatives had agreed to these times.

We saw the service was promoting independence. For example, with personal care, one person was to be given a flannel to wash the front part of their body which they could reach, and leave staff to do the parts the person could not reach. A staff member said to us "If they can wash themselves we supervise" and that if a person was able, they would not do it for them unless asked to.

Good

Is the service responsive?

Our findings

One person told us they were looked after "Very well". A second person said to us "If you finish up living here, you're lucky! The cleanliness is good and the food is perfect".

A relative we spoke with said "[Person] is looked after very well and is very contented". Another relative said "The care is excellent, staff are cheerful and caring".

During our visit we saw rooms were personalised with photos and pictures so they felt homely. The assistant manager told us their ethos was to be a 'home from home' and people were encouraged to bring their own belongings and be involved in the home as much as they wished to.

People told us they were well cared for by staff. We saw records were detailed and up to date. They included a care plan, history, routine, next of kin and medical information. They showed that people had been fully consulted in their care needs, and care plans reflected how people wanted to receive their care. This meant that they had been consulted in how they wished to be supported.

We saw on care files a history of the person and their likes and dislikes. This enabled staff to understand the person in the context of their life, not just their current health and social care needs.

A volunteer provided people with individualised and group activities. They volunteered five days a week. We saw people had undertaken reminiscence sessions, bingo, nail painting, quizzes, as well as having singers, choirs and others come in to undertake entertainment in the home. The volunteer had a good understanding of people's likes and dislikes and the activity programme was responsive to these. They also provided pastoral support to people. The volunteer had volunteered at the home for many years and was passionate about this. We saw a chart showing which activities people had attended or declined so a pattern could be seen. This was used to decide what activities to continue or review. We saw the home was responsive to people's social needs. They could choose to be involved or not if they wished.

The home also held celebration events and days. For example, on Valentine's day the home made heart covered biscuits and each one had a person's name on. We saw events for Christmas had been planned into the activity calendar. The home tried to mark events through the year with activities.

Spiritual needs were met with a monthly service at the home. A Catholic priest also came weekly.

People were supported to follow their own interests. The assistant manager told us that one person continued to go to the local day centre three times a week. The person and their family had requested this when they came to live at the home so they could continue seeing friends. The home had facilitated this. We saw people read different daily papers the home provided.

We saw a complaints procedure was in place and this was displayed clearly to people and visitors knew how to complain. Records showed the last complaint was in January 2014 and the issues raised by a relative had been addressed quickly and appropriately by the managers. We spoke to people about making a complaint. They told us they had not needed to do so, but would feel able to speak with the manager if they had any problems.

We were told that advocacy services for people who may need additional support had been provided before by Age UK. This meant that the service was responsive to people's individual needs and circumstances in accessing alternate support.

Meetings were held with people living in the home monthly and questionnaires were given out to gather any feedback. This was led by staff. We saw feedback from people and relatives with positive comments about the staff and home.

We saw a sheet in the care records which was used if someone had to go to hospital. This was called 'This is me' and detailed medication and important information. This showed the home had effective systems in place to be responsive in emergencies while keeping the person at the centre of the care.

Good

Is the service well-led?

Our findings

At our last inspection the provider had breached Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Assessing and monitoring the quality of service provision. Following this an action plan was submitted by the service in August 2014 and improvements were made in systems and record keeping to ensure care was effective, monitored and audited. The assistant manager was enthusiastic about changes that had been made to systems and showed us how these had made it easier for them to make sure the service was being run effectively.

Staff and people told us they felt the assistant manager and registered manager were approachable. Staff told us they felt able to communicate people's needs and they would listen and respond, for example staff felt able to suggest changes to care they felt would benefit people and care would be reviewed. Staff told us there were staff meetings as well as informal chats where they could put their views across and be listened to. One member of staff told us "It's a lovely atmosphere here; I can't imagine not working here". Another said "It's a lovely home".

We saw the assistant manager was actively involved with the day to day running of the service and she had a good understanding of the individual needs of each person who lived at Elm Farm. People warmly communicated with her and we observed positive relationships between people and management. We saw how the assistant manager made sure she knew about each person's care needs and preferences by how she spoke with them and she was able to tell us about them individually.

We looked at the management of medicines. We saw that work identified to improve the service from recent inspections conducted by external commissioning and safety authorities, had been undertaken by the managers. The learning from this meant changes had been made and care staff had been shown more effective ways to record the medication they administered. We looked at the report and saw most of the issues identified had been addressed. Any outstanding areas were in the process of being improved.

There had been one medication error noted. The assistant manager told us this had been an administration error in how they record medication and they had made changes following this. The person and their family were informed. Other health professionals were contacted. We were advised by a statutory notification. A statutory notification is information about important events which the provider is required to send us by law. All staff were spoken with and training provided to prevent this from happening again.

We asked the assistant manager if they could tell us about their achievements and challenges. They said that there were lots of small things they were proud of such as changes to the management structure so other staff had more delegated responsibilities. An example of this was that care workers now took the lead with 'residents meetings'. They told us this enabled them to be more effective in other areas.

The owner of the home was also the registered manager but a lot of the management of the home was delegated to the assistant manager. We saw the assistant manager was confident in her abilities to manage the home with the manager's supervision. The assistant manager said they worked together as a team and the assistant manager took the lead with some areas such as the recent quality audit improvements. The registered manager was on leave at the time of our visit. The assistant manager demonstrated a very good understanding of the responsibilities of the role.