HC-One Oval Limited

The Elms Care Home

Inspection report

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Tel: 01733202421

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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 Elms Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation for up to 37 people, including older people, some of whom may be living with dementia. The accommodation is provided over two floors

We inspected the service on 30 January 2018. Our inspection was unannounced. There were 27 people living in the care service. This is the first inspection since the location was registered in January 2017 with a new provider.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

There were enough staff to keep people safe and meet their care and support needs in a timely way. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. Staff provided end of life care in a sensitive and person-centred way. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of organisational learning from significant incidents and events.

People's medicines were managed safely and staff worked closely with local healthcare services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control.

Staff were kind and patient. People were provided with food and drink that met their individual needs and preferences. People were provided with a varied activity programme including visiting the local town.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

The registered manager were well known to everyone connected to the service. A range of audits was in place to monitor the quality and safety of service provision and action was taken where improvements were

identified.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements to how the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report any allegations of harm

Staffing levels were sufficient, to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals to ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff who supported them.

Staff treated people with dignity and respect and we received positive feedback from people and relatives about staff.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities.

End of life care was discussed with people to ensure their wishes were known.

Complaints and feedback was listened to by the registered manager and acted upon.

Is the service well-led?

Good

The service was well led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

The Elms 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2018 and was unannounced. The inspection was undertaken by two 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service who were able to give us their views verbally of the care and support they received. We also spoke with a visiting relative. We also observed staff interaction throughout the inspection.

We spoke with eight staff, the registered manager, the administrator, a nurse, a senior care worker and three care workers. We spoke with two district nurses that were visiting the service.

We looked at care documentation for four people living at The Elms Care Home, medicines records, three staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe in the service. One person said, "There are always staff about." Another person told us, "I trust them [staff]. They are like my family." A third person said, "I feel really safe because there's always someone around."

All staff we spoke with told us they had undertaken training in keeping people safe from harm. They were able to explain what they would do if they saw or heard about people being harmed. One staff member said, "It's the safety of the residents [people who live in the service] and carers. There are signs put out when the floors are wet. People [visitors] have to sign in to ensure who is in and out of the building. The front door is kept shut. If I saw anything [that would harm people] I would report it to the [registered] manager or deputy. I have never had to do that." Another member of staff said, "It's about vulnerable adults. Confidentiality and keeping people safe. I would report to management and if I wasn't happy [with what they had done] I would go further to people like you [CQC]. We have all the policies and procedure folders in the staff room and could look up any 'phone numbers."

Staff understood about whistleblowing and what they would do. One staff member said, "If I see something I don't like [in relation to staff actions] I report it." They went on to say that any issues were dealt with and addressed.

People could be at potential risk because records were not always completed in detail. Areas of risks had been recognised in people's assessments. Risk assessments were in place for a range of risks. These included moving and handling and for evacuation of the people in the event of an emergency. For people whose behaviour could be challenging to themselves or others there was no information on how staff should help the person or to deescalate the behaviour. Not all staff we spoke with were aware of the methods to use when managing people whose behaviour can challenge themselves and others. One staff member said, "It's only by experience in how to deal with [people who have behaviour that challenges]. I'm just patient with [person]." We spoke with the nurse who told us they would address this immediately and ensure that there was detailed information in the plan and staff were aware of the measures in place.

People and their relatives told us that there were enough staff to meet their or their family member's needs. One person commented, "If I need help I ring my bell and staff come to help me straight away." Throughout our inspection we saw call bells were responded to in a timely way. Another person told us, "I've only got to push the call button which stays on my tray here and the staff will take me downstairs in my chair if I want to go to the lounge." A third person said, "They [staff] let me do things at my own pace. I am a lot slower these days." A staff member said, "The staffing levels are fine. Bells are answered quickly [and] we have time to sit down and chat." We saw staff take the time to sit with people and chat. The registered manager told us they conducted a regular review of staffing levels to ensure they remained in line with people's changing needs and when new people were admitted to the service following assessment.

A newly appointed member of staff was waiting to undertake their induction and in the meantime was working alongside a senior member of staff to get to know people and their routines. They were working

supernummery and therefore not counted in the numbers of staff on duty

Appropriate recruitment checks had been completed to ensure that suitable staff were employed. Information received prior to a person starting employment included a criminal record check (DBS), checks of qualifications, identity and references.

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were accurate and tallied with the records. Audits were in place to ensure medicines were managed safely. Staff received training and regular competency assessments to administer medicines. People had regular medicine reviews undertaken by the GP. This ensured medicines they were taking were still appropriate for their needs.

A registered nurse was designated as the link nurse for Infection Control. There were systems in place to help promote infection prevention and control. These included cleaning regimes and schedules and training for staff. Staff had a good awareness of what actions to take should they have a sharps injury and who to inform. They were aware of how to dispose of clinical waste and how and when to use personal protective equipment such as gloves, aprons and hand gel. We saw that staff used gloves and wore aprons appropriately and the service was clean and fresh on the day of our inspection.

Accidents and incidents were recorded and reported internally and externally where appropriate. We saw where themes were identified advice was sought from relevant health professionals to support people and the service. For example, we saw that one person had had several falls. The service had sought advice from the falls team and a medicine review had taken place to explore ways of reducing the falls.

Good

Is the service effective?

Our findings

People using the service and relatives told us they were confident in the competency of the staff supporting them. One relative told us, "[The person] loves it here they're [staff] are very good with [the person]. Staff told us the training and support they received gave them the skills needed to undertake their role. One member of staff said, "It's a lovely place to work. I get all the training I need to support people. "

Newly employed staff were required to complete an induction. The induction programme covered orientation to the premises and included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

All members of staff we spoke with told us they met with the registered manager or senior staff regularly to discuss their performance and training needs. The staff told us that regular spot checks were undertaken to check their competencies. An annual appraisal was held with each staff member and recorded. It was a two way meeting with the staff member having the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "We are very well supported. We can always go and ask for advice if we are not sure about anything."

Staff received continuous and ongoing training to carry out their role with regular updates taking place, so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required the specialist knowledge. For example, diabetes and catheter care.

Everyone we spoke with was complimentary about the food provided at the service. One person said, "They [staff] let me have what I want – tomatoes on toast for breakfast and eggs or something before I go to bed." Another person who chose to eat in their room told us said, "I like tatties and meat for dinner, I liked the beef stew today and a glass of shandy. They'll get me a sandwich later - they try to get me to choose but I'll eat anything. They will ask me to choose dinner for tomorrow – I like the choices and think the grub's great." A third person said, "They give me a jug of fresh water every day, and bring more squash and lemonade when I run out. They bring a cup of tea twice a day but more if I ask. Sometimes I just have toast for breakfast but have a fry up when I want it too."

We observed the lunchtime meal and found this to be a relaxed and social experience for people. We found that there were conversations taking place between people and staff. The assistance provided was in a manner that was both respectful and inclusive. Staff sat next to people and they gave people time as they assisted people to eat. Staff regularly checked with people they were comfortable and enjoying the food.

People's individual dietary needs were catered for. Information about people's food and drink allergies was obtained and shared with the catering staff. This was so that they were able to prepare meals and snacks according to people's dietary needs. We saw that there were a selection of drinks and snacks available for

anyone to take in many public areas in the service. People were given choices of hot and cold drinks when the 'tea trolley' came round. The staff member said they knew each person's likes and dislikes but always offered them a choice in case they wanted something different. Where appropriate the advice of the dietician had been sought.

People's care plans showed that they received care, treatment and support which promoted their health and welfare. People talked positively of the support they received, One person told us, Staff take me to my clinic appointments for my [health condition] and I get them to stay [with me] to hear what's changed." Another person said, "They [staff] take me into town to get my eyes checked and if I need the doctor, they get one quickly." Care records showed where other health professionals had been contacted or visited. We spoke with two district nurses who visited during the inspection. Both were positive about the staff and the care they provided to people in the service. One said, "I have found the staff to be very welcoming and the residents seem happy. Staff give me the information I need on the residents when asked." The nurse confirmed that when staff were given instructions or information they followed them appropriately. For example, if people needed to be assisted to move in bed more frequently, the person had their position changed as required. The district nurse also said that staff accompanied them to see a person and how they should provide health care. This meant people received good care because staff knew how to meet their health needs as directed by the district nurse.

The building was well maintained, with a good standard of decoration. However there was no signage that directed people to different areas of the service. This would help assist people in finding their way around. We discussed how the importance of clear signage to support people with additional orientation needs or cognitive impairment with the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. One staff member said, "I know about DoLS but don't know if anyone here [living in the service] has one." We saw in people's care files that an assessment of their capacity had been noted. Where necessary best interest information had been recorded. The registered manager said one person had an authorised DoLS in place and one person had been assessed and this was waiting authorisation.

Good

Is the service caring?

Our findings

People who lived at The Elms Care Home told us they were happy living there and felt well cared for by all the staff. One person said, "I am really happy here. The staff can't do enough for you; they treat me like I'm special." A relative told us, "Staff are really attentive and kind." Staff made comments such as, "I really love it here. It's a lovely friendly place," "It's a warm homely feeling compared to some I've seen It has a friendly environment," and "It's a nice place to work. Everyone works as a team. It's hard at times but rewarding."

We noted from the visitor's books that there was a regular flow of visitors into the service and there were no restrictions posed on when people could receive visitors Throughout the inspection there were families visiting. We saw that they were made to feel welcome by staff on duty and the registered manager. One said, "Whenever I come I am always made to feel welcome and offered drinks and biscuits or cake." Another relative told us, "All of us are like one big family and everyone is made to feel welcome."

We saw kind and caring interaction between staff and the people who used the service. We saw that staff helped and supported people with dignity and respected their privacy. For example, staff were seen to knock on peoples doors and waited for a response before entering. They then let the person know who they were as they entered. The staff`s approach was calm, caring and respectful of people's needs. One person told us, "Staff always knock before coming into my room. They let me choose the clothes I want to wear and get me ready in the morning." Another person said, "Staff have always treated me with respect." One relative we spoke with told us, "Whenever personal care is done staff keep the door closed. [Family member] says the girls always make sure the door is closed." Another relative said, "I am happy with the home and feel that the staff who are employed are the right kind of staff which gives me peace of mind."

The two district nurses were positive about the care provided by staff in the service. One said, "Staff are very approachable even though they are busy. They are always polite and pleasant to everyone they talk to [such as people in the service, other professionals and each other]." Another said, "The staff are very caring and respectful to the residents. They explain things to them and provide reassurance. People are treated with dignity and respect. If there was anything not appropriate I would raise it. It is very homely and I am always welcomed. All the staff are approachable and the residents seem very happy and not distressed." We also heard that people were asked if they wanted to go to their bedroom or to a private area when health care was to be provided.

Care plans contained detailed information as to people's preferred wishes and preferences and about how they liked to live their life. Staff also had guidance on what support they had to provide to people in order to fulfil people`s wishes. There was information if a person had requested either a male or female member of staff. On one person's plan it stated they liked to stay in their room. They told us, "I like being in my in my own room, but I like to have the door open day and night so I can see what's going on."

People who used the service told us they had been involved in developing their care plans. Where they were unable, relatives were invited to contribute to the planning of people's care and provide information about people's life histories. One relative we spoke with said, "We are happy with its content." They told us "It's

reviewed about every three months and the [registered] manager has an open door policy so we can always speak to them if we need to."

Confidentiality was maintained throughout the service and information held about people's health, support needs and medical histories were kept secure.

Information about local advocacy services were available to support people if they required assistance. However, staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People's care and support needs were comprehensively assessed before they moved into the service to ensure the service could meet their needs. A care plan was drawn up once they moved in and people's feedback on their care was sought within the first few weeks.

People and their relatives told us they had been involved in developing care plans. One person told us "I am involved in my care plan. Staff do listen to you and they have always been supportive. They are always asking if I am alright." We found that people's relatives were invited to attend regular review meetings where appropriate. A relative told us "The staff are always around and they are very approachable, there is always someone available to speak to if you need to."

Some people who lived at the service were not sure if they had been involved in reviewing their care however, they were able to tell us that staff had asked them if they were happy with the service and care provided. One relative told us, "I was involved in developing the care plan when [family member] first moved in and I know I can request to look at it any time but I am here nearly every day so I know what is going on or if anything changes."

Whilst we found that the care files provided guidance for staff, we noted that information in relation to supporting people who were living with dementia was limited.

One person living with dementia was prescribed medicine to support their behaviour. They had received medicine on four occasions during December 2017 to manage their behaviour. There was no evidence in the daily notes in relation to three of the four occasions as to why the medicine was administered or what if any, other action had been taken before medicine was administered. The registered manager and nurse agreed that the information was not sufficient to meet the person needs. They agreed they would take action to ensure that detailed plans for these two areas would be addressed immediately.

The service had a range of activities people could be involved in. People were offered choice and opportunities to engage in a variety of activities and social interaction based on their preference and strengths. We saw an activity calendar displayed on notice boards. One person told us, "There's always something to do. There's always something laid on and staff come in on their days off to take us out shopping." Another person said, "I'm never bored – I love puzzle books and jigsaws – and watching darts in my own room." A third person told us, "After we had a singing group here I talked to a member of staff and we're planning to try to form a choir. I don't know if it'll work but I'm going to try."

We looked at records of complaints made in the service. There was information that showed people's concern's had been recognised and investigated. Letters had been sent to individual complainants about the findings of the investigations, what had been put in place to minimise the risk of the event occurring again and an apology. We saw that staff had received group supervision in relation to one issue raised and further training in the appropriate recording of accidents and incidents about another.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health these directives had been clearly identified in the care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. At the time of the inspection no one at the service was receiving end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People knew who the registered manager was and said they found them very open and approachable. One member of staff said, "[Name of registered manager] is easy to talk to and always willing to listen." Another staff member said, "[Name of registered manager] is really easy to talk to and you feel comfortable to talk to her." One of the district nurses said, "The [registered] manager is very approachable. She always says hello and I can ask her any questions where necessary."

The service had forged good links with community groups and other agencies which helped to make sure people had access to a range of resources outside the service. The staff worked in partnership with health and social care professionals, such as rehabilitation services, community nurses and speech and language therapists, to ensure people received care and treatment which met their needs.

One staff member said, "There are [regular] staff meetings. We have been talking about the changes with HC One, the residents' needs and anything raised in the resident and family meetings that impact on the service or care for people." Another member of staff agreed and said that they felt they could raise any issues during the meetings and any ideas would be listened to. They gave an example that as a result of better communication the water and fruit juice jugs and snack trays were now the responsibility of all staff not just the kitchen staff.

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There was a monthly meeting for them to attend. Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the registered manager collated the information and produced a report of the findings which was shared with everyone. The results were positive and all were satisfied with the service provided.

All accidents and incidents which occurred in the service were recorded and analysed. Action was taken where people had a number of falls. We saw that people had been referred to healthcare professionals and had been supported to minimise risks by providing them with equipment to aid their walking or keep them safe in bed.

The provider ensured that all quality monitoring was carried out and an operations manager regularly visited the service to oversee the care provided and talk with staff and people. This also gave people an opportunity to raise concerns at a higher level if they wished to. The quality monitoring systems were recorded electronically and could be accessed by the provider's quality team and senior managers at any time. This helped the provider to have an insight into what was going on at the service and respond to any areas for improvement.