

Elmbridge Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected Elmbridge Residential Home on the 29 October 2015. Elmbridge provides residential care for older people over the age of 65; a number of the people living at the home were living with dementia. The home offers a service for up to 16 people. At the time of our visit 16 people were using the service. This was an unannounced inspection.

We last inspected in May 2014 and found the provider was meeting all of the requirements of the regulations at that time.

There was a registered manager in post on the day 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

Summary of findings

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 did not always receive their medicines as prescribed. Care workers did not always keep an accurate record of when people had received their medicines. Where people needed their medicines covertly, care workers followed clear guidance to ensure their needs were met.

The registered manager had informal systems to monitor the quality of service people received. There was limited physical evidence to show checks the registered manager carried out had a positive impact on people using the service. We have made a recommendation about introducing a formal system to monitor the quality of service being provided.

People's relatives spoke positively about the registered manager. They felt the registered manager was approachable, listened to them and asked for their views. Relatives felt involved in people's care.

People were supported with activities, and enjoyed time spent with care workers and other people. People told us there were things for them to do in the home.

People were supported and cared for by kind, caring and compassionate care workers. Care workers knew the people they cared for and what was important to them. Care workers supported people to stay as independent as possible.

Care workers protected people from the risks associated with their care. Care workers had clear guidance to protect people from the risks of smoking and falling. Care workers had clear guidance of how to support people who were anxious or exhibited behaviours which challenge.

People's needs were met by care workers who had access to training, effective supervision and professional development. There were enough staff deployed to meet people's needs.

People told us they felt safe in the home, care workers had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

People had access to appropriate food and drink and were supported to access external healthcare services. Care workers had good knowledge about consent and restrictions. People who were being deprived of their liberty were being cared for in the least restrictive way. However, where people had given consent around their care, this had not always been documented.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe. People did not always receive their medicines as prescribed. Care workers did not always record the support they had given people.

People told us they were safe. Care workers demonstrated good knowledge around safeguarding and would raise any concerns.

The risks of people's care were identified and managed by care workers. There were enough staff to meet the needs of people living within the home.

Requires improvement



Is the service effective?

The service was effective. People's needs were met by care workers who had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, care workers took appropriate action.

Where people were being deprived of their liberty, the registered manager had ensured this was done in the least restrictive way.

Good



Is the service caring?

The service was caring. People and their relatives spoke positively about the care they received from care workers. Care workers knew the people they cared for and what was important to them.

Care workers treated people with dignity and kindness. People were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Good



Is the service responsive?

The service was responsive. People's care and support plans were personalised and included information about what was important to people. People were supported with activities and care workers ensured they were mentally stimulated.

Care support workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good



Summary of findings

Is the service well-led?

The service was well led. The registered manager had systems to control the quality of the service, however there was not always physical evidence of the impact these systems had on people using the service.

People and their relatives spoke positively about the registered manager and felt they were approachable.

The registered manager promoted a caring culture which respected people's individuality. Care workers were supported to suggest and make changes to the service.

Good



Elmbridge Residential Home Limited

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 checked 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 29 October 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority commissioners.

We also looked at the Provider Information Return for Elmbridge Residential Home. 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 spoke with five of the 16 people who were living at Elmbridge Residential Home. We also spoke with five people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care workers and the registered manager. We also spoke with a district nurse who was visiting people in the home. We looked around the home and observed the way staff interacted with people. We looked at eight people's care and medicine administration records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. For example, for one person, staff had recorded they had given the person their medicine on each day, however we found one dose more than expected in the person's medicine stock. This medicine had not been given on the day it was expected to be given on. This meant people's health could be negatively impacted. We discussed this with the registered manager who told us they would take action to ensure people had their medicines as prescribed and discuss the concerns with care workers.

Care workers did not always keep an accurate record of when they assisted people with their medicines. For example, three people were administered medicine which needed to be given at a set time before people had having food or drink. On one day, these medicines had been removed from their packaging, however no record had been made regarding whether the medicine had been administered or refused. We discussed this concern with the registered manager, who was able to inform us all three people had this medicine administered.

Medicines were stored in a lockable office. When this office was not in use the door was locked. The room contained a medicine fridge and a medicine trolley. Care workers recorded the room temperature daily, however were not recording the fridge temperature. Care workers were unable to ensure people's medicines were being kept at a temperature in accordance with the manufacturers guidelines. We discussed this with the registered manager who told us they would take action.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person was administered their medicines covertly. Care workers had clear guidance about what medicines could be given covertly, and how they should be given. The person's medicine administration records clearly showed they received their prescribed medicines in accordance with the GP's instructions to administer medicines covertly.

People told us they felt safe in the home. Comments included: "I'm alright here", "Got no complaints" and "I do feel safe". One relative told us, "I have every confidence in the manager and staff".

People were protected from the risk of abuse. Care workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager or the provider. One care worker said, "I would go to the manager, if I have any concerns, in all the years I've been here, I've never had to". Another care worker added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or CQC. Care workers told us they had received safeguarding training and were aware reporting safeguarding concerns.

People had assessments where care workers had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation and nutrition and hydration. Risk assessments enabled people to stay safe. Each person's care plan contained clear information on the support they needed to assist them to be safe. For example, one person required assistance from staff with their mobility. Care workers had clear instructions on how to support this person and the equipment they needed. This equipment was serviced to ensure it was fit for use.

Some people living at the home liked to smoke, however did not have the mental capacity to understand how much they were smoking and the impact on their health or finances. The registered manager worked with care workers and healthcare professionals to implement a clear plan of how people could be supported to maintain a moderate approach with their smoking. For example, one person's cigarettes were stored in the office. If this person had access to their cigarettes, they would chain smoke and could become agitated if they had no further cigarettes. Care workers were able to support the person, maintaining their well-being whilst protecting the person and other people from risk.

Where people were at risk of falls staff ensured they were protected from harm. Care workers ensured people were referred to local healthcare professionals to ensure the support they provided was safe and effective. One healthcare professional told us, "They [care workers] always ask for assistance if they have any concerns".

Is the service safe?

People and their relatives told us there were enough staff to meet their needs. Comments included: "If I want them they're never too far away", "They come when you need them and there is always someone around" and "Staff spend time with me, I don't feel alone".

There was a calm atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Care workers had time to spend talking and engaging with people throughout the day. Care workers told us they had enough staff deployed to meet people's needs. Comments included: "There is always enough staff to meet people's needs", "It's nice, we have four members of staff, there is time to spend with people" and "There is always enough staff, we get time to

spend with people". The registered manager told us the amount of care workers deployed would depend on people's needs. They informed us they ensured each shift had a staff group who could maintain people's needs. An external healthcare professional told us they had no concerns regarding staffing.

People were cared for by suitable staff because there were the appropriate recruitment processes in place. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

People and their relatives spoke positively about care workers and told us they were skilled to meet their needs. Comments included: "The girls are alright, they're lovely", "The staff are great" and "I think the staff are well trained and provide very good care".

Care workers told us they had the training and skills they needed to meet people's needs. Comments included: "I do all the training, I'm redoing my medicines. I have all the training I need to meet people's needs" and "I've done quite a bit of training, I'm able to get what I need and want". Care workers told us they had the training they needed when they started working at the home, and were supported to refresh this training. Care workers completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager to develop professionally. Two care workers told us they were supported to complete their Qualifications Credit Framework (QCF) level 2 diploma in health and social care. Another care worker told us they had been offered this training, however did not wish to access it. One care worker said, "I was supported to complete my qualification (in health and social care)".

Care workers had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One care worker told us, "I have supervision quite regularly. The manager is always available and we discuss things daily". Care workers told us they felt supported by the registered manager, and other staff. Comments included: "We have a really good team", "the manager is so supportive, both professionally and personally" and "There is great team work with my colleagues, and the manager is so supportive".

Care workers we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One care worker told us, "I treat people as individuals. They still have rights; I will support them to make decisions". Another care worker told us "Some people can't make a decision about where they want to live" and "However they can still make day to day decisions, like what they want to eat or if they'd like to do an activity or go for a walk. You shouldn't take things away from people".

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The registered manager made a Deprivation of liberty safeguard (DoLS) application for this person. 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).

The registered manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the local authority. These applications included the reason they have made the application, which referred to the individual person's safety. People's care plans also contained mental capacity assessment information for specific decisions such as consent to care and accommodation.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. One person's care plan stated they could be anxious and aggressive. Their care plan provided clear guidance on how care workers should reassure the person to protect them and other people from harm. This included talking and reassuring them and also providing them space to have time to calm down. One care worker said, "We know what's important to people. What makes them upset and how to support people. One person doesn't like a lively atmosphere, so we support them to go elsewhere in the home and spend time with them".

The service had sought the advice of mental health nurses (MHN) to ensure one person was kept safe and received effective care. People's care plans contained clear guidance on the support people needed. Care workers had sought

Is the service effective?

advice for one person who was particularly anxious. A meeting was held with MHN's, the person's family and GP to discuss how best staff could support them. A clear plan of action was in place which care workers were following.

People spoke positively about the food and drink they received in the home. Comments included: "The meals are very good and they know what I like, they know my preferences", "The meals are very good here" and "There is always plenty to eat and drink".

The atmosphere at lunch time was calm and pleasant. Staff talked to people in a respectful way. Care workers asked if people wanted clothes protectors and respected people's wishes if they chose not to. People who needed assistance with their meals were supported by care workers and were supported to make choices around what they would like to eat and drink. Staff assisted people as they provided them their meals, to ensure people had a good experience and to ensure their meal did not get cold. Care workers were organised in ensuring all people had their meals in a safe and dignified way.

The home's staff were all aware of people's dietary needs and preferences. Care workers told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.

One person was living with diabetes, which was controlled through medicine and their diet. Staff were aware of the person's needs and support they needed around their dietary needs. Care workers provided the person with advice over their diet and supported them to have a diet which maintained their wellbeing. A district nurse visited the person daily to administer the person's diabetes medicine. The district nurse spoke positively about the service. They told us, "I've been coming for a long time and I've never had any problems. They will always ask if they have any concerns, and always follow guidance. It's also good the majority of staff have been here a long time".

Is the service caring?

Our findings

People and their relatives spoke positively about staff and their caring nature. Comments included: "I think they have very good care there"; "From our point of view the care is all good" and "It's the best home. Perfect for my relative".

Relatives spoke positively about the relationships care workers had with people living in the home. They felt this had been achieved as a number of staff had worked at the home for a long period of time. Comments included: "There are small and long standing group of staff. Due to this there is a good rapport between people and staff", "The staff really know people, know when things change" and "The staff get to know us as well as them [relative]. They have good relationships".

Care workers spoke positively about the time they had to spend with people, and told us they were supported to spend time with people. Comments included: "The atmosphere here is great. We have time to spend with people. It's rewarding"; "You wouldn't think it was a home, we can give people a bit more time" and "Its people's homes. We're lucky; we get time to spend with them".

Staff showed concern for people's well-being. During our inspection, one person had a fall whilst walking. Care workers rushed to their assistance and ensured they were okay. They checked the person to see if they had an injury, which they didn't. They assisted the person to a chair and made sure they were comfortable. Care workers checked the person throughout the day, and supported them to walk around the home.

Care workers clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us

about things which were important to one person. They told us the person liked to watch sport on the television, and was enjoying the rugby world cup. We spoke with this person and their relative who both spoke positively about the care. The person's relative told us, "It's a very good home. Nice warm atmosphere. They've got to know them and they've really settled in the home".

The atmosphere was calm and friendly with care workers engaging with people in a respectful manner. We observed warm and friendly interactions. Staff offered people choices and respected people's wishes. One person asked for a cup of tea and some biscuits. The care worker acted on this person's request. They provided a small selection of biscuits which the person enjoyed.

People were supported with their meals at a relaxed pace. One care worker sat down to assist one person with their meal and engaged them in conversation. Staff offered a choice including having a pudding option and they assisted with cutting up their food, if required.

One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for at Elmbridge Residential Home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure.

People were treated with dignity and respect. We observed care workers assisting people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When care workers assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected.

Is the service responsive?

Our findings

People's care plans included information relating to their social and health care needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. The care plans and risk assessments were reviewed monthly and where changes were identified, the plans were changed to reflect the person's needs.

People's care plans were personalised and contained information on people's life histories and preferences. We saw detailed life histories which care workers used to understand what was important to people. People told us their preferences were respected. One person said, "They always listen to what I want".

Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. Relatives explained how they were involved in discussing their relatives changing care needs with staff. Comments included: "they keep me involved and let me know things", "They always let me know what's going on and ask for my feedback" and "There is always good feedback and communication".

People's individual needs were always taken into account when providing their care. For example one person was at risk of agitation if their sleep was disturbed. Care workers were concerned that nightly checks may wake them and have a negative impact on their wellbeing. These concerns were discussed and a sensor mat was put by the person's door, to alert staff if they got up, rather than care workers carrying out periodic checks.

People told us they enjoyed their social life in the home. One person said, "It's alright, there's things to do, sometimes I go out", "I have friends here, we spend time together", "its female orientated, but I like that" and "I enjoy a bit of a laugh. Singing and dancing".

People enjoyed activities and interaction from care workers throughout our inspection. People were supported with jigsaws and engaged in conversations with other people and staff, which they enjoyed. In the afternoon, an external entertainer. People got up and danced with staff, and enjoyed singing and listening to music. There was a lively and pleasant atmosphere whilst these activities were being carried out.

Care workers encouraged people to be involved and follow their interests. Two people asked a care worker if they could do knitting again. The care worker told us, "We've done knitting before. I'll bring some things in for them and we can do it again". Other people were supported to go to town and do the things they enjoyed. One care worker told us, "I support them to go into town and appointments. They like getting out and about. It makes them happier".

People were supported to spend their days as they chose. One person told us how they liked to spend their days, which included talking with other people and watching television. They said, "I like it here. I like watching Jeremy Kyle".

People's relatives told us they knew how to raise concerns to the registered manager. Comments included: "I've never had any concerns, however I'd go to the manager if I did", "If there is anything wrong I would go to the manager, I have every confidence in them" and "There hasn't been any problems, the manager asks for our views regularly".

The registered manager had a log of compliments they had received in the recent years. The registered manager informed us they had not received any formal complaints.

The registered manager kept a record of concerns they had around people's care and where other healthcare professionals were involved. For example, Records showed that family members had requested specific equipment to be used for their relative. The registered manager worked with healthcare professionals to find the best outcome for the person to ensure their safety.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the registered manager. People told us communication was good and they had positive relationships with the registered manager and care workers. Comments included: "The manager is really good", "The manager is perfect. Always asks for advice" and "It's a really well run place. The manager and staff all know what they're doing".

People had regular contact with the registered manager and told us she was very approachable and friendly. Comments included: "The manager is always happy to speak to me, very approachable", "They'll tell me if they need anything and they're always approachable" and "She's very open, approachable. She always asks me if there is anything more they [the service] could do".

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "We're supported to give people a bit extra. They [registered manager] are lovely and they know what they want to provide"; "This is such a rewarding job. I can't fault the manager. The atmosphere of the home is brilliant" and "The manager wants good quality. They make the home look lovely, make things homely. She will get things for the house that we need".

The registered manager regularly sought people and their relative's views. They told us due to the size of the home a survey or residents and relatives meeting were not always successful. People's relatives told us they spoke with the registered manager every month. One relative said, "I speak to the manager once a month. They always discuss things, they always ask for advice". Another relative told us, "The manager is very open to suggestions, every conversation they ask for our views".

The registered manager recorded some of the conversations they had with people's relatives on people's care files. They also kept a record of emails conversations. The registered manager did not have a formal system for

recording people's comments. They told us due to the size of the service they were confident they could identify any trends from relative's feedback. Relative's comments were wholly positive. One relative we spoke with told us, "I couldn't of chosen a better place for them [relative]".

Staff told us they were heavily involved in the service, and were supported to suggest and make changes. For example one care worker had suggested a change to one of the home's bathrooms following a course of dementia training. One care worker told us "I've used training to suggest changes. I did a dementia link worker course and from that suggested changes to a bathroom. It was accepted and we put a red floor in". One relative told us this had had a positive impact on their relative as it enabled them to identify the toilet.

Staff had the information they needed from the registered manager. Comments included: "The manager directs us. We want to provide the best care possible" and "We talk a lot and share information. The management and team work is great". Staff told us they had regular team meetings and spoke with the registered manager on a daily basis. One care worker told us they had asked the manager to provide a communications book to communicate important information between staff, which staff now used.

The registered manager checked people's care records and medicine administration records every month. This enabled them to ensure people's records were current and find any gaps in people's medicine administration records. The manager did not always keep a record of the checks they made, however people's records were current and accurate, medicine records were completed consistently, aside from the concerns we have reported on. The registered manager audited all incidents and accidents to ensure people's needs were being met. These audits enabled them to identify any possible trends.

We recommend that the service sources a governance framework to monitor the quality of service and safeguarding practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People did not always receive their medicines as prescribed. Care workers did not always keep an accurate record of people's medicines. Regulation 12 (f)(g).</p>