

Sheridan Care Limited

Elmsdene Care Home

Inspection report

Elmsdene Care Home
37-41 Dean Street
Blackpool
Lancashire
FY4 1BP

Tel: 01253349617

Website: www.sheridancare.co.uk

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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

This inspection visit took place on 05 April 2016 and was unannounced.

At the last inspection on 05 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Elmsdene Care Home is registered for the regulated activity providing accommodation for persons who require nursing or personal care. The service provides support for people who live with dementia and can accommodate a maximum of thirty three people. The accommodation, which is on the ground and first floor, consists of twenty-five single bedrooms, nine of which have en-suite facilities and four double bedrooms, two of which have en-suite facilities. The communal space consists of a large dining room, lounge area and a separate lounge. At the time of our inspection visit there were 31 people who lived at the home.

There was a registered manager in place. 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.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. People told us when they requested assistance this was responded to in a timely manner. One person visiting the home said, "Always plenty of staff on duty when I visit which is daily. What I like is the girls sit with the residents and spend time with them."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed they had received induction training when they commenced working at the home.

Staff had received training and were knowledgeable about their roles and responsibilities. They had skills, knowledge and experience required to support people with their care and social needs.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. Hand sanitiser dispensers were prominently placed around the home for the use of staff involved in the delivery of personal care.

The service had a redecoration and refurbishment programme in place. Bathrooms and ensuite facilities were being updated when we visited. People who lived at the home told us they were happy with the improvements being made.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

People visiting the home told us they were happy with their relatives care. One person said, "I find the staff are kind and caring. I have never seen anything that has caused me concern during my visits. I know [relative] is safe and well cared for."

People told us they were happy with the activities arranged to keep them entertained. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Elmsdene 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 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 05 April 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had experience of services who supported people who lived with dementia.

Before our inspection on 05 April 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider, registered manager, six staff members, five people who lived at the home and two visiting relatives. Prior to our inspection we spoke to the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people, training and supervision records, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "I like it here and feel safe. The staff are kind to me." One person visiting the home told us they had no concerns about their relatives care. The person said, "I have never seen anything that has caused me concern during my visits. I know [relative] is safe and well cared for. I enjoy visiting the home and never leave worried."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed she had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Staff spoken with told us they had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems in the lounge. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked at the services recruitment procedures. We found relevant checks had been made before three new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. The application form had a full employment history including reasons for leaving previous employment. We saw gaps in employment had been explored at interview and a written explanation provided. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person visiting the home said, "Always plenty of staff on duty when I visit which is daily. What I like is the girls

sit with the residents and spend time with them."

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

The service had a redecoration and refurbishment programme in place. We saw the registered provider had given consideration to people who lived with dementia during the refurbishment programme. For example bold pattern carpets had been replaced with plain matt surfaces and slip resistant flooring. Bathrooms and ensuite facilities had been updated in neutral colours. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately and checked on receipt into the home. We saw they had been given as prescribed and stored and disposed of correctly. We looked at medication administration records for four people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed one staff member administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relatives welfare.

We spoke with staff members and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Senior staff responsible for administering people's medicines had received medication training and had been assessed as competent. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received supervision from the registered manager. These are one to one meetings held on a formal basis with their line manager. Staff told us they felt well supported by the registered manager and valued their supervision sessions. One staff member said, "We are given feedback about our performance and can discuss our training needs. I always feel valued when I come out of my supervision session."

The people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. On the day of our inspection visit choices provided were on display on the notice board close to the kitchen. These included beef and ale casserole, mashed potatoes, vegetables or an alternative of people's choice. One person visiting the home said, "[Relative] loves the food here. They are always able to tell me what they have eaten and they never leave anything."

Lunch was served in two sittings to enable staff to support people who required assistance with their meals. We observed this was well managed and staff supported people in a dignified and timely manner. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. The atmosphere during both sittings was relaxed with staff encouraging conversation. Staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. We saw the support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated she understood nutritional needs of the people who lived at the home. When we undertook this inspection there were three people having their diabetes controlled through their diet. 13 people required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us she was informed about people's dietary needs when they moved into the home and if any changes occurred.

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.

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 understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

On the day of our inspection visit we saw one person was supported by a staff member to attend a hospital appointment. This ensured the service had up to date information about the outcome of the person's appointment and their care records could be updated.

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with five people who lived at the home. We also spoke with two visiting family members. One person who lived at the home said, "I am happy and settled. The girls are very caring and kind towards me." A visiting relative said, "I know [relative] is getting the best care possible. They are always clean and well presented when I visit. The staff are lovely, caring and attentive people. [Relatives] face lights up when I mention the staff to them."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

We observed staff members enquiring about people's comfort and welfare throughout the inspection visit. We noted they responded promptly if assistance was required. For example we saw one staff member enquiring if a person was comfortable in their chair as they had slipped slightly. The staff member assisted the person and adjusted their cushions. The person smiled and thanked the staff member who sat down and engaged the person in conversation. We noted the person appeared to enjoy the attention.

We looked at care records of four people. We saw evidence family members had been involved with the development of their relatives care plans. The plans contained information about people's current needs. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines and physical care. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

The model of assessment used by the service was detailed. However it was heavily weighted in favour of people's physical care. The service is a specialist home for people who live with dementia. The registered provider was asked to give consideration to developing a model of assessment more closely linked to person centred care. This approach aims to see the person with dementia as an individual, rather than focusing on their illness or on abilities they may have lost. Person-centred care considers the whole person, taking into account each individual's unique qualities, abilities, interests, preferences and needs.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We saw staff spoke with people in a respectful way, giving them time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people

and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and Healthwatch Blackpool. Links with these external agencies were good and we received some positive feedback from them.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us care they received was focussed on them and they were encouraged to make their views known about the support they received. One person visiting the home said, "[Relative] has to attend outpatient appointments at hospital and I like to go with them. They always arrange transport for us. On one occasion I couldn't go so they sent a staff member in my place. They rang me to tell me the outcome of the visit."

We looked at care records of four people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. The service had a designated activities room where a variety of activities including arts and crafts were held. On the day of our inspection visit we saw a group of people sat in the rear grounds enjoying the sunshine. We observed staff sat with them engaged in conversation and lot's of laughter. We saw staff were attentive providing drinks and enquiring about and responding to people's welfare. For example one person was struggling with bright sunshine. A staff member noticed and asked if the person wanted to be moved to another area where the sun was not shining directly on them.

We spoke with two relatives visiting the home. They told us there were plenty of activities arranged at the home. They also said staff spent a lot of time sitting and talking with people which is always appreciated. One person said, "There always seems to be something going on. They have plenty of entertainers who visit the home which [relative] really enjoys. I also enjoy them everyone has a good laugh."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People visiting the home told us they knew how to make a complaint if they were unhappy. One person said, "Never had to complain about anything. There is sometimes the odd little niggle about laundry going missing. They always get resolved."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "I really like working here it's a pleasure to come to work. The manager is a lovely, friendly and supportive person."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed, fair, and open.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service being provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team and the introduction of a staff survey. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people about the service provided using variety of methods. These included family and staff surveys. We saw the results of the staff survey which had been generally positive. The service was still waiting for family members to return their completed survey. One family member visiting the home said, "I have received my survey I just haven't got around to completing it. My comments will be positive when I do."

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. They were part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). They also worked in partnership with the Care Home Support Team. Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around management of risk of falls and monitoring of pressure ulcers. The team would look into the reason for any hospital admissions and undertake a root cause analysis if people had been admitted to hospital. The team member would aim to find out reasons why people had been admitted to hospital and then feedback to the home and see if there were any gaps in the service.

The registered manager informed us she had found the Community Care Coordination Team Plan valuable.

This was because it helped to reduce the need for people who lived at the home to be hospitalised.

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.