The Elms Residential Home (Yeovil) Limited

The Elms Residential Home

Inspection report

Yeovil Marsh
Yeovil Somerset BA21 3QG
Tel: 01935 425440
Website: www.theelmsyeovil.co.uk

Date of inspection visit: 5 August 2015
Date of publication: 15/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 5 August 2015 it was carried out by two inspectors.

The Elms Residential Home is registered to provide personal care and accommodation for up to 16 people. The home specialises in the care of older people. At the time of our inspection there were 15 people using the service.

The last inspection of the home was carried out in June 2013. No concerns were identified with the care being provided to people at that inspection.

The service has a registered manager who is also the provider. The registered manager has managed the service for many years. 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 and associated Regulations about how the service is run. On the day of our visit the home was being managed by the acting manager, who was being supported by the deputy manager and three members of staff.

People spoke positively about the home and care provided. One person told us." I used to live over the road,

Summary of findings

so my neighbours still come and see me when they like. All carers without exception are very good". One relative told us" we don't think we could have chosen a better home, we have no concerns for mum's well-being".

We observed people were cared for with kindness and respect. There was a calm relaxed atmosphere in the home, staff were very visible and attentive to people's needs. Throughout the inspection staff were observed working well together supporting each other in tasks around the home. All staff we spoke with told us they enjoyed working at the home. One member of staff told us "I love working here" and "we all work well together."

There was an established staff team, who had been through a recruitment process and they had the skills and qualification needed to support the people living there. Throughout the visit we observed that staff had built up caring relationships with people and their families. Call bells were answered in an appropriate time. One relative told us "I have worked in care and I have never seen such happy staff, it doesn't matter how busy they are they all have time for you, they are just wonderful".

Medication policies and procedures were in place and senior staff had the skills to safely administer medicines One resident told us" I have lots of medication but I don't have to worry about it as the staff are very good at bringing them to me when it is time for me to take them."

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. The home had achieved accreditation to the National Gold Standard Framework' (GSF). This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

People were complimentary about the food served in the home and said there was always a choice of meals. Comments included; "very good food here," " if I don't like what I have chosen I can change it" and "I find it difficult to eat meat so they always offer me an alternative." A relative told us "if I am here at meal times they always offer me a sandwich".

People's privacy was respected and all personal care was provided in private. People were able to socialise in communal areas of the home or spend time on their own. One resident informed us "I have made friends with the other residents".

People received care that was responsive to their needs and personalised to their wishes and preferences. Care was regularly reviewed and adjusted to meet people's changing needs.

People continued to make choices about their day to day lives and were involved in decisions about their care and support. One relative informed us "we preferred a room that was vacant to the one our mother had, so we asked if they could move and this was done for us".

People and their representatives were involved in the planning and delivery of their care. A resident's wish tree was available where people could hang their wishes. One wish is picked monthly by the staff team to see if they can make the wish come true. People made these wishes with the support of their families and staff.

The home had a secure outside space with pleasant seating and flowers and views into the distance. The lounge and conservatory looked out over the rear garden. There were futher lounges and quiet rooms for people to use.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people were identified and managed well. People were involved in making decisions about risk taking and were protected from abuse by the systems in place.

The provider had recruitment procedures to ensure people were protected against the risk of abuse and there were a sufficient number of staff and skill mix to meet people's needs safely.

People medicines were managed well and people lived in a clean and safe environment.

Good

Is the service effective?
The service is effective.

People received care for effectively trained staff. Induction procedures for new members of staff were robust and appropriate.

Peoples legal rights wee protected because staff understood how to support people who did not have the mental capacity to make decisions for themselves.

People's nutritional needs were met because they were given choices about food and received a balanced diet and drink

Good

Is the service caring?
The service is caring.

Caring relationships were developed; people were treated with kindness and respect. Staff listened and responded to people.

People were able to express their views by being involved in discussions, with staff and family members.

People with end of life needs had their wishes met because staff had received training and had appropriate guidance to follow.

Good

Is the service responsive?
The service is responsive.

People received personalised care that was responsive to their needs,

People had access to a range of organised activities that reflected their interests.

People knew how to make a complaint and told us they would be comfortable to do so. Complaints were investigated and acted upon.

Good

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

There was an open and friendly atmosphere which enabled people to raise issues and make suggestions.

Good

Summary of findings

People benefitted from a management team who kept their skills and knowledge up to date and constantly monitored practice within the home.

There were effective quality assurance systems in place which monitored people's well- being and safety.

The Elms Residential 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 5 August 2015 and was unannounced. It was carried out by two adult social care inspectors.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in June 2013 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eleven people who lived at the home, five visitors, four members of staff and the acting manager. We also attended the handover meeting between shifts. On the day of the inspection, there was a mix of different skills within the team. This included a deputy manager, senior care assistant and care assistants, all had different qualification and roles. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and quality assurance files.

Good

Is the service safe?

Our findings

People were supported to understand what keeping safe meant. Evidence of this was seen in people's care plans which showed, staff had discussed with people what safe meant and recorded their understanding of being safe. We also spoke with people about feeling safe at the home, people told us that they were safe and felt happy and well supported. One person informed us they felt safe as the staff knew them and knew when they were due their medication. They stated, they did not feel safe going to hospital alone for their check up as they forgot things and got anxious, therefore staff went with them. We also observed staff knew people well. We observed one carer reminding a person to get their balance before they started to move away from the table and immediately supported them by helping them with their walking aid.

People were able to request support from staff using a call bell system in their rooms. Staff were always visible in the communal areas and people were discreetly assisted to the bathroom. During the inspection staff were not rushed and responded promptly and compassionately to people's requests for support. One relative informed us "I am always made welcome. I accidently pushed the call bell the other day and the response from staff was very quick". Another relative told us, "(My relative) has had some changes in she health but they keep us informed, she kept falling, we were involved in a discussion with the mangers and measures were put in place to stop her falling, so now she presses the buzzer and they come and get her to take her to the dining room or where she wants to go. We have no concerns for her wellbeing; she is well cared for, well fed, warm and clean". The care plan for this person showed risk assessments were in place, as were incident records of the falls. Outcomes were discussed with staff to ensure they were aware of the risks and what to do to reduce them.

People were supported by sufficient numbers of staff . Care staff also managed the laundry, cleaning and cooking. One member of staff informed us ' it would be nice if we had separate staff to do the cleaning and cooking as we would have more time to spend with people'. However we observed staff spending time with people as well as doing the cleaning and cooking the lunch. We discussed this with the acting and deputy manager, who informed us that they had employed separate cleaners in the past but had found when cleaners went sick, care staff were happy to pick up the role. The deputy manager informed us the present system worked for the home. They had a rolling rota, and sufficient skill mix to balance the shifts. She informed us they did not routinely use agency staff as the regular team were generally happy to pick up any additional shifts. The acting and deputy manager informed us that they always tried to ensure that there were enough staff on to provide both routine tasks and time with the people that used the service. The home was clean and infection control procedures were being followed, by staff wearing appropriate protective clothing when carrying out different tasks around the home.

People's risks were managed well. Care plans included detailed risk assessments that provided staff with the information needed to manage the risk. For example, a person with diabetes had a diabetic care plan which showed reviews and special observation of the person's feet and sugar levels. There was clear guidance for staff to follow if their sugar levels dropped below the correct level and showed a time span to respond. Another person had put a request on the homes 'wish tree' to climb a tree. The person and their family were involved in discussions about taking the risk and climbing the tree. Staff were highlighting and assessing the risk, planning how to minimise the risk by the involvement of others, for example, contact was being made with the fire brigade. One person informed us " I like to go out for a walk when the weather is nice" staff informed us they are aware when people go out and will ensure they are aware of time the person left where they are going and if they are going to be safe.

Risks to people in emergency situations were managed and planned. There were appropriate emergency evacuation procedures and regular fire drills took place which had been recorded. Equipment had regular checks and there were quality monitoring system in place to ensure equipment remained safe for people and staff to use.

Safeguarding information was visible in the manager's office and posters were displayed in the lobby of the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished. Staff told us that they had received safeguarding training and one member of staff informed us they were having their next supervision on safeguarding awareness. Staff were able to inform us what action they

Good

Is the service safe?

would take if they suspected abuse. They were aware of how to raise a complaint or how to whistle blow. Staff said they would feel safe to do this and would feel confident to speak with senior staff and managers.

The provider had recruitment procedures that ensured the risk of abuse from inappropriate staff was reduced. They carried out appropriate checks on new staff which included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. People were not allowed to start work until the checks had been cleared.

People were supported to take their medicines safely. Medicines were managed by staff who had the competency and skills to administer them safely. People told us they had confidence in the staff who administered their medicines. The home used a blister pack system with printed medication administration records. MAR sheets matched the blister packs and checks were made on all medicines being administered. We spoke to the senior member of staff administering the medicines, they demonstrated a clear understanding of the safe storage of medicines, the management and recording and administration of medicines. Observation on the day showed staff handling medicines safely and discussing medicines with people before administering them. One person told us" " I have lots of medication but I don't have to worry about it as the staff are very good at bringing my tablets to me when it is time for me to take them." Another person told us. "My medication means I like to have lunch in my room, the staff bring me my lunch and then I join everyone in the dining room at tea time".

Good

Is the service effective?

Our findings

People received effective care and support from staff that had the skills and knowledge to meet their needs. People were very complimentary about the staff who supported them. One person told us" all carers without exception are good, I feel safe here".

Staff informed us that they had received training including equality and diversity. One member of staff told us " I have received lots of training, but also I know what is expected of me with regard treating people with equality, thinking about their diversity and making sure they are happy and safe. I take my nan out and know how she likes to be treated, so I think of that when I am helping people".

Staff were given opportunities to complete nationally recognised qualification in care and talked openly about the training they received including a staff member who informed us that they were currently completing their level three in Health & Social care, and felt supported to develop their skills and understood what was good practice was. Other comments from staff included " I have on going training and can discuss with manager my professional development". "I can access policies on line such as safeguarding, I enjoy learning in this way".

People were able to give consent and were able to make decisions about what care or treatment they received. People's records showed how individual consent had been gained from people regarding their day to day living arrangements from those who had capacity to consent.

One person told us they felt that they continued to make decisions about their support. " I wanted to speak with my doctor to see what care I needed as I was not sure what had happened to me, they arranged this for me. My doctor came to see me and reassured me I was in the best place. I would rather have my old life, but I feel safe here, I have a power of attorney who looks after my affairs. They take me to the hospital if I need to go".

We observed people were always asked for their consent before staff assisted them with any tasks. Staff discreetly offered help to people and gave them time to decide if they wished to be helped at that particular time or task.

The provider information return stated staff had received training on the Mental Capacity Act 2005 (the MCA.) This meant staff were taught to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff records confirmed staff had received this training. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans showed staff were assessed and recorded when people lacked capacity to make decisions and recorded best interest decisions. We spoke with one family who confirmed staff knew they held medical power of attorney for the relative and consulted with them to ensure decisions were made in their relatives best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There was an up to date policy on the use of DoLS and the provider had identified 11 people who may require this level of protection, authorisations had been applied for appropriately.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. There were reminders in place for the staff cooking the meal for anyone with specific dietary needs. The home also held a book showing what foods contained to prevent people with allergies being given the wrong food. People were observed at meal times to be enjoying their meals, being given a choice and were given sufficient food and drink. People were offered additional food if they wished at the end of their meal. At lunch time gravy, salt and pepper and apple sauce was put on the table for people to choose if they wanted it.

People were complimentary about the food served in the home and said there was always a choice of meals. One person told us "we choose what we want the day before, but if we change our mind they would give you something else that you did want". A family member informed us, the quality of the food here is good and my father is putting on weight". Another person told us" its good food and we also get tea and biscuits throughout the day if we want it". Meals

Good

Is the service effective?

were put on smaller plates for those who wanted smaller meals, larger dinners were also available. Fifteen people were supported to eat in the dining room, and others supported in their rooms where needed.

Food hygiene procedures were followed and there were clear audit trails of records and checks being kept and carried out. These included emergency lighting, hot water temperatures, and service engineer reports. The kitchen area was observed to be clean and hygiene procedures were followed by staff supporting with meals, which meant people were protected against the risk of infection caused by poor infection control. The home had been awarded five stars by the local environmental health department which showed high standards of food safety.

People's health needs were well managed. Staff monitored people's health and arranged for them to see healthcare professionals according to their individual needs. Diabetic care plans were reviewed and regularly updated. People told us that staff supported them when they had health concerns. We spoke to people that gave a range of evidence how health needs were being met, these comments included " I had sore arms, this morning they helped me to put some cream on my arms". "Some afternoons we have movement in the lounge for our arms and legs, this can be fun". "I wear hearing aids when my batteries are low I can ask staff for help to put new one in, they are very kind and always do this quickly for me".

Good

Is the service caring?

Our findings

Caring relationship had been developed and people were observed being treated with kindness respect and compassion. Staff were observed listening to people and people seemed relaxed and happy. One person told us "When my husband died, the staff were so supportive, they have been absolutely brilliant, I don't know how I would have got through without them. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Throughout the home staff acknowledged people as they passed and spoke to visitors welcoming them into the home. Everyone we spoke with complimented and praised the staff who supported them. People's comments included, " staff are very kind and always polite", "staff are lovely"," nothing is too much trouble they are always helpful". We observed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people.

During lunch time staff were seen to be busy setting out lunch's but still greeted people warmly as they arrived for their lunch. People that needed support were supported to a table of their choice and helped at a pace of their choice. Staff demonstrated clear concern for people's comfort making sure their chairs were close enough to the table for them to reach their meals. Staff approached people from the side when serving their meals offering choice and alternative meals if needed. People also showed compassion and kindness to each other, offering to help if the staff were unavailable for short periods of time whilst serving the lunch. We observed people after lunch meeting in each others room having a cup of tea and chat.

Interactions between staff and people were seen to be kind and personal. When staff were

assisting people with their mobility it was at the person's pace. Throughout the inspection visit we saw people were actively involved in decision making. After the lunch had finished a member of staff sat with people helping them to decide what they would like for their tea that evening. People were seen making decision on what they wanted to eat. They were informed of various options including sandwiches and cakes.

Visitors moved around the home with ease and seemed to know other people living at the home as well as their relatives. One visitor told us" my mother is very happy here and this helps us as it was a difficult decision to choose the right home for mum, we can tell she is happy and people care about her". People told us they were able to have visitors at any time. one relative informed us" we can let ourselves in , I have heard staff talking to people behind closed doors when they have been supporting them, I have only ever heard kindness and respect". People said they were supported by kind and caring staff.

The service had recently held a summer fete where members of the local community had been invited. One family member told us, "it was a lovely fete and we all got involved, by making cakes and helping on the stalls".

The local vicar attended the home once a month and held a service for anyone who wanted to be involved. This enabled people to continue to practice their faith, even if they were unable to attend services outside the home.

The home had received a number of cards and letters thanking staff for the care they or a relative had received at the home. Comments included;

"A wonderful caring establishment, this is an absolute gem. The staff are kind and thoughtful and dignity of the resident is preserved. An outstanding example of residential care".

"As always a friendly welcome from the excellent staff and warm and friendly ambience of the Elms make this a excellent home for my father". "What a great place there so much to do and the staff are friendly and caring.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. We asked staff how they involved people in their care reviews, they informed us that they reviewed the plans monthly and sat with the person and where possible the person representative to ensure that the plans were up to date. We spoke to two relatives who agreed that they had been consulted in the care plan reviews.

Good

Is the service caring?

Systems were in place which ensured people's wishes and preferences during their final days and following death, were respected. The home had achieved accreditation of the 'National Gold Standard Framework (GSF)'. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. Re-accreditation for this award is carried out every three years.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People's care plans were very detailed and informative. They included records of initial assessments completed by the manager prior to individuals moving into the home. Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. This was confirmed by the acting manager who informed us that if the service did not think they could meet someone needs, or that the person would not be able to "fit in to the home" with regard the other residents they would not be able to offer them a home. Included in the assessment was the person's preferences, history likes and dislikes and if they had any pets they wished to bring into the home. People were encouraged to make choices about moving into the home and also to visit prior to making the decision to move in. This enabled people to see the home and meet some of the staff and residents.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. The care plans showed that people had been involved in the assessment and planning of their care. These plans were reviewed with the person on a monthly basis. Care plans also had well-being profiles and daily routines. They also held end of life care plans to be filled in if needed.

The acting manager informed us "this is a home as far as possible and I am proud to work here". One relative informed us, "it excellent, everyone is so kind and give 100%. Mum had a gradual introduction and could pick and choose what she did. Staff sat down with us and went through the care plan there was lots of attention to detail".

A handbook was available that gave a detailed description of what people could expect when they moved in, as well as suggestions about what to bring with them. however, we noted that the formats did not enable people who required visual support to understand where they would be living. We fed this back to the manager who said they would address this.

Resident meetings were held and satisfaction questionnaires sent to families. One person told us " they know me well, they know what I like and don't like. I do feel at home here, it a friendly place and the team is stable and don't change". One person told us " we had concerns that there was only one member of staff on at night, we raised our concerns and now there are two members of staff at night". Following the inspection the registered manager informed us there had previously been a waking night member of staff with a sleeping in member of staff for support. The home now has two waking night staff.

People were able to make choices about all aspects of their day to day lives. People told us they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person told us "I wake up when I want". Another person told us "I like to go to bed early and get up early".

Activities were taking place in the lounge and people were asked if they would like to join in. Nine people joined in and staff also stayed and supported the activity. We observed people talking to each other smiling and enjoying the activity. There are other lounges where people could choose to sit quietly as well as a conservatory leading on to the rear garden. There were chairs and tables for people to enjoy sitting out in the garden. The home had a mini bus which enabled people to go out for trips to garden centres or places of interest. We asked staff how people made choices about going out on the bus, we were informed that trips had not happened for a while but when they did people liked to be involved in choosing where they would like to go.

The service had not received any complaints; however complaints procedures were in place which showed that people were encouraged to complain if needed and that any complaints would be taken seriously and investigated. The outcome would then be shared with the complainant. One person informed us 'I have not had to complain but I would if I needed to, I would be able to speak to any of the staff'. Family were encouraged to provide feedback in the form of annual satisfaction surveys, there are also comment/ suggestion slips in the lobby for visitors to fill in as required.

Good

Is the service well-led?

Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager had a clear vision for the home which was to create a family type home for people who lived and worked there. Managers meetings were held and their vision and values were communicated to staff through meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Supervision files showed that staff were monitored and supported and knew what was expected of them in regards to their responsibilities. One member of staff told us “this is a nice place to work and I have on-going training, it is very relaxed and there is good support for everyone”. To make sure people benefitted from up to date guidance and practice, information was shared with staff through regular meetings. The minutes of a recent staff meeting showed they had discussed the Care Quality Commission’s (CQC) inspection of the home.

On the day of our inspection the home was being managed by the acting manager, they were seen to be visible to all throughout the day. One member of staff told us” the acting manager is a good support and we can go to her for advice anytime”. It was clear on discussion with the acting and deputy manager they were aware of their responsibilities, and had the skill and training to be managing the service in the absence of the registered manager.

The home used a mixture of in and out house trainers, and staff were being assessed by external assessors to complete various levels of a recognised national qualifications. Knowledge gained through training was used in practice. For example the acting manager kept their skills and knowledge up to date by on-going training and development. At the time of the inspection they were working towards a recognised national certificate in social care. Evidence on the inspection showed that the acting manager had led a staff meeting on safeguarding whilst being observed for the qualification.

The registered manager had commissioned specialist advice to ensure the service’s systems and processes reflected current best practice. The registered manager had invested in a quality compliance system (QCS) provided by an external company. They provided policies and procedures as well as useful templates.

There were many visitors in the home on the day of the visit and one person receiving day care. People who lived at the home said staff and the managers were always available for advice and support.

Throughout the inspection people and their relatives consistently commented on how happy they were with the care provided at the home. Staff informed us they were happy in their work. The culture of the service was open, honest and caring and focused on people’s individual needs. It enabled people to discuss issues and raise concerns

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.