Elms Care Limited

The Elms

Inspection report

28 Elmsway
Southbourne
Bournemouth
Dorset
BH6 3HU

Tel: 01202431886

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05 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 31 March and 5 April 2016. The Elms is a small care home that provides accommodation and support for up to four people. At the time of the inspection there were four people living at the home.

The Elms had a registered manager. 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.

The house had a homely and friendly feel. Staff and people looked relaxed and staff supported people in an unhurried friendly and reassuring way. A family member told us, "It's quite a laid back house, it's very homely".

People were safeguarded because staff had been trained in the protection of vulnerable adults and knew what they needed to do in the event of a safeguarding concern. Medicines were managed safely to make sure people received their medicines as prescribed.

There were sufficient staff on duty to meet people's needs, however the numbers of staff on duty in the evening were reduced and did not enable the service to provide a flexible response to peoples wishes and activity preferences. The manager agreed to review the numbers of staff on duty during the evening.

Staff told us they felt supported and could gain informal advice or guidance whenever they needed to. Staff were trained to make sure they were able to meet the individual needs of people living at the home.

Where people were able to make their own decisions staff sought their consent before they supported them. However, where people may have lacked capacity to make a specific decision staff were not acting in accordance with the Mental Capacity Act 2005. We have made a recommendation to the home to ensure they protect people's rights by acting in accordance with the act.

Our observations showed people were treated with kindness and compassion in their day-to-day care. Staff knew the people they were caring for and supporting, including their preferences and personal histories.

People had support plans that reflected their personal history, individual preferences and interests. Staff had read people's support plans and used the information to make sure they helped the individual in the way they wanted or needed to be supported.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them.

Staff undertook a variety of audits such as fire safety, medicines, infection control and health and safety to check the service people received was of a good quality. Different staff took a lead role in aspects of people's care. For example, one staff member was the lead for fire safety and medicines. This ensured that there was consistent oversight by a specific member of the team to pick up on any issues.

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.

People were safeguarded because staff recognised signs of abuse and understood the action they needed to take.

People's medicines were managed safely.

Risks to people were assessed and plans put in place that protected people whilst enabling them to participate in their daily activities.

Is the service effective?

Requires Improvement

The service was not fully effective.

Staff were supported to understand their role, and how best to support people through training and supervision. All the staff we spoke with said they felt they had the right knowledge and skills to effectively support people.

People were supported to access healthcare professionals when they needed to.

People's rights were not fully protected because staff were not acting in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff were caring in their approach. People had good relationships with staff and freely approached them to ask for support, or to spend time with them.

People's care plans described who and what was important to the individual and also contained information about people's life story. This meant that staff were able to learn about people in order to better support them.

Is the service responsive?

Good

The service was responsive.

People had care plans that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a range of activities that they enjoyed. The provider agreed to review the staff rotas to ensure people's needs could be responded to in a flexible way.

There was an effective complaints system.

Is the service well-led?

Good

The service was well led.

People's feedback was sought and acted upon.

There were effective quality assurance systems in place to check the service for safety and quality.

The Elms

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 31 March and 5 April 2016 and was unannounced. One inspector visited the service on both days of the inspection.

We spoke with three of the four people who lived at The Elms to find out about their viewpoint of the service. We also observed staff interactions with people to assess the quality of service the people received. We spoke with three family members and two staff, in addition to the manager and a director of the organisation.

We sampled specific care records for all of the people who lived at the home. We also looked at records relating to the management of the service including staffing rotas, staff recruitment, appraisal and training records, accident and incident records, premises maintenance records, staff meeting minutes and medicine administration records.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of and requested information from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe, and their relatives told us their family member was cared for safely. One relative commented that their family member was, "100% safe, without a shadow of a doubt".

Staff had received training on the protection of vulnerable adults and all the staff we spoke with were aware of how to respond to and report concerns about abuse. There were also posters about safeguarding adults displayed in the home to support staff on what action they needed to take if they were concerned or worried about someone.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person had a specific phobia that may have posed a risk to them. This had been risk assessed and there was detailed preventative, and reactive guidance for staff to follow. There were a range of other risk assessments for people in place. These included areas such as accessing the community, using public transport or the home's vehicle and safe use of the kitchen. These were written in a way that protected people whilst enabling them to undertake everyday activities.

The manager showed us the staffing rota, which showed there were between one and two staff on duty during the day, one staff mainly in the evening and one sleep in member of staff. The manager worked Monday to Friday during the daytime and told us they were often at the home outside of these hours. There was also an on call system to ensure support could be accessed whenever it was required. One person told us they could not go out in the evenings because there were not always enough staff on duty. We discussed this with the manager. They confirmed to us that they would review the evening staff arrangements to ensure people could be flexibly supported to do the things they wanted to do.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Medicines were managed safely. There were appropriate storage facilities with lockable medicine cabinets. Medication administration records (MAR) were well maintained with no gaps. Allergies and a photo of the individual concerned were kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to check their competence to administer medicines periodically.

Requires Improvement

Is the service effective?

Our findings

People and their families told us that staff were skilled and supported them well. One family member told us, "They think about [the person's] welfare".

Staff told us they had the training and skills they needed to meet people's needs. Training included communication, oral health, infection control, fire safety and moving & handling. Staff told us that they received effective support which included regular supervision. The staff we spoke with said they could ask for informal support or guidance whenever they needed to. The manager had started to implement a system of regular appraisals for staff which they told us would be completed by the end of April 2016.

Consent to care and treatment was sought in line with legislation and guidance where people had capacity to make their own decisions. 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. People who lived at the home were supported to make everyday choices. For example, staff told us about how they supported one person to make their daily clothing choices. Another person had chosen to have a key for their bedroom door. Staff always knocked at this person's door and did not enter their bedroom unless the individual wanted them to. Our observation confirmed people's consent was sought. For example, we noted staff provided options and asked peoples permission before supporting them, saying things like, "Would you like a drink?" or, "Would you like some fruit?" or, "Would you like your nails painting?" People responded with their decision and staff acted on it. A member of staff told us, "They get a lot of choices in what they do". Records also confirmed people had consented to their care or support where they had capacity to do so.

We discussed other requirements of the Mental Capacity Act with the registered manager, who acknowledged that further work was required to make sure staff acted in accordance with the MCA. This was because when people may have lacked capacity to make a specific decision, their capacity had not been assessed and there were no best interests decisions in place. This was an area of improvement for the service.

We recommend that the service takes action to update their practice to ensure they comply with the requirements of the Mental Capacity Act 2005.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and understood they needed to have a system in place to alert them when they needed to review whether a further application was required.

Staff were supported to understand people's method of communicating because there was clear guidance in people's support plans. For example, one person did not communicate verbally. Their plan explained what the person might mean by the way they were communicating and what staff needed to do to help them. Our discussions with staff confirmed they understood people's individual communication skills, abilities and preferences and this enabled staff to respond to their needs promptly. Our observations showed staff were skilled at communicating in a variety of methods to make sure they understood what people wanted or needed and were able to make sure people felt as though their voice mattered.

The manager told us they had developed a healthy eating seasonal menu, based on people's dietary needs and preferences. However, one person told us they were not happy about the limited meal choices they had. This was also reflected in two people's quality assurance feedback. We talked to the manager about this. They confirmed they would explore other choices with people, and staff to make sure people were not solely restricted to the one evening meal choice per day. They said that this had not been the intention of the service and confirmed they would implement a new menu that included a choice of other alternatives should people not want the main meal option.

People's support plans included a health section called 'What you need to do to keep me healthy and safe'. Staff had received training in emergency first aid and knew how to respond in the event of a medical emergency. Staff responded to people's healthcare needs promptly. For example, one person had sight problem and they had been supported to see an optician. Another person had a medical condition that meant staff were supporting them to see a specialist doctor. People were supported to see a range of other healthcare professionals as they needed to including, their GP, nurse and dentist.

Good

Is the service caring?

Our findings

People appeared happy and contented. The people we spoke with told us that staff were kind and caring. They readily sought out staff to talk or spend time with them. Staff had a relaxed, unhurried approach and appeared interested in the person and spending quality time with the person. One member of staff told us, "I am here for the clients".

Relatives confirmed this. One said, "The staff are lovely, very kind and caring", and another told us, "[the person] is happy and always wants to go home".
People's bedrooms were personalised and decorated to their taste. For example, one person enjoyed art, and their pictures and other pieces of art they had created were in their bedroom. People told us they liked their bedroom and that they had chosen its décor and other things like furniture and pictures. People told us their privacy was respected and staff described how they upheld people's privacy and dignity such as making sure bedroom doors were shut and knocking at people's doors before they entered their bedroom.

Throughout the inspection we observed people were given the information and explanations they needed, at the time they needed them. This supported people to be independent and make decisions about their day-to-day choices. Staff told us they were supported in this because they knew the people they worked with very well. They also said that individual's support plans enabled them to understand people's preferences. People's plans described who and what was important to the individual such as family birthdays or likes and dislikes. Support plans also contained information about people's life story. This enabled staff to better understand the person as an individual and know about the important things that had happened in their life.

People's needs in respect of their age, disability, gender and religion were understood by the staff and met in a caring way. For example, some people had specific religious needs and staff understood what they needed to do to support them in accordance with their religion.

Good

Is the service responsive?

Our findings

A family member commented on how staff had responded to their relative and the difference it had made to that person's life and skills. They said staff had been, "Brilliant" and that the support their family member received had, "Taken [the person] onto another stage of development".

Observations during the inspection showed staff responded to people's needs promptly and took time to make sure they understood what the person needed. During the inspection staff thought one person might be feeling unwell. They spent time sitting with the person to make sure they could understand what the problem might be and took appropriate action to make sure the person was comfortable.

People or their relatives were involved in developing their support plans. Care plans were personalised and detailed daily routines specific to each person. Staff told us they found people's support plans helpful and explained to us what help or support an individual needed. This reflected the information contained in people's plans. People's plans identified what help an individual needed, for example with activities of daily living. They were written from a position of the person's strengths, for example describing to staff what the person was good at, and how staff could further promote their independence.

People's plans included guidance for staff on specific health conditions. This helped staff to understand what the person's medical condition meant for them and be better able to care for or support the individual.

People had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them. Staff told us people enjoyed a variety of activities. One staff member said, "They have a good social life" and another member of staff commented, "They have a massive social life". Records confirmed people were able to participate in the activities they enjoyed. There were some restrictions on flexible evening activities because of the number of staff on duty. However, the manager agreed to review this to make sure people could do the things they wanted to do at times that suited them.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. One person had been developing skills of independence. Their family told us, "We notice [the person's] independence and their attitude is more relaxed".

Information on making a complaint was displayed in a communal area and the service had a complaints policy. The manager told us they had not received any complaints since the last inspection. Family members told us they understood how to make a complaint.

Good

Is the service well-led?

Our findings

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. For example, staff worked with people to understand what they were communicating through their behaviour and other non-verbal cues. This made sure people's care and support was person centred and showed staff listened to people's feedback about the care or support they were receiving.

People and their relatives were also asked to feedback their viewpoint of the service through quality assurance questionnaires. We reviewed these and found people felt safe, liked their bedroom and were happy with the support they received from staff. The manager had used the feedback they had received to develop an action plan which we looked at. We could see they had acted on the feedback they had received.

The manager regularly worked alongside staff which gave them an insight into how their staff cared for and supported people. It also enabled them to share good practice about promoting people's independence or upholding people's privacy and dignity.

Staff undertook a variety of audits such as fire safety, medicines, infection control and health and safety to check the service people received was of a good quality. The manager also regularly toured the building to make sure it was safe for the people who lived there.

Different staff took a lead role in aspects of people's care. For example, one staff member was the lead for fire safety and medicines. This ensured that there was consistent oversight by a specific member of the team to pick up on any issues.