

# Miss Dawn Charlesworth and Mrs Cheryl Ince

## The Elms

### Inspection report

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29 November 2017

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### Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was unannounced and started on the 23 November and we returned to the home on 29 November 2017 to speak with the registered providers, people who used the service and a support worker.

At our last unannounced inspection which took place on 7 October 2015 we rated the service as GOOD.

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

The Elms is registered to provide accommodation for up to six people who have a learning disability and mental health needs and require support with personal care. There were six people living at the home on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There were two registered managers for the home who shared the role, one of whom was the provider.

During the inspection we spoke with five people who used the service either individually or as part of a group and a support worker. We also spoke with the registered manager and both providers responsible for the home.

We were aware that three people had recently moved into the home following the closure of one of the providers other two homes. The home closed due to financial constraints caused by changes in payments relating to sleep in allowance so as to secure the future of The Elms and another home nearby.

People who had moved told us or indicated that they were happy with the new arrangements and that they were still being supported by people who knew them well in a place they were familiar with.

Resettling people to The Elms or finding alternative care homes for people who used that service and resolving issues with staff had been the registered providers priority. This meant the registered providers had fallen behind with providing staff training and some aspects of quality assurance, which they openly told us about. We recommend that any outstanding training and quality assurance shortfalls are addressed as soon as possible.

We saw that the property though comfortable and homely was tired in parts. We were told that some upgrade of the property would be carried out once the sale of their former home had been completed.

We saw there had been significant improvements in the detail in people's new support plans and risk

assessments. Records provided good information about how people wished to be supported.

People who used the service and the support worker told us that they felt safe at the home.

We saw that there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout. Some maintenance concerns were seen on the day of our inspection, for example, exposed water pipes in the rear yard. Action was taken by the appropriate utilities service to address this longstanding matter following our inspection.

People who used the service had the capacity to make decisions about their day to day lives and what they did with their time. The registered providers' were aware of their responsibilities in relation to the Mental Capacity Act 2005.

People could make choices about their food and drink and alternatives were offered if requested.

Arrangements were in place to request health and social care services to help keep people well and advice was sought when needed.

Feedback we received from community based professionals was seen to be highly positive. The relationships we saw between people who used the service and the staff supporting them were warm and friendly. The atmosphere at the home was calm and relaxed.

People told us they had a range of individual activities that they participated in at the home and in the local community; these included, for example, attending outreach centres and college courses, as well as visiting family and friends.

We saw people who used the service were encouraged to maintain their independence, wherever possible. People took responsibility for household tasks such as preparing meals, washing and drying after meals, washing their clothes, vacuuming and general cleaning.

People who used the service and staff reported the registered manager and the registered providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

## 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 who used the service felt safe and able to raise any concerns they had with the registered providers.

We saw significant improvements had been made to the detail in people's risk assessments.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

New staff received a thorough induction to the home, which included shadowing established staff to get to know people. They did not work alone with people until they felt safe and competent to do so. However some staff training was outstanding. We recommend that these shortfalls are addressed as soon as possible.

We saw that the home was tired in appearance in parts; however plans were in place to make improvements in the near future.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People were supported to maintain good physical and mental health through attendance at routine appointments, for example, with doctors, dentists, chiropodists and opticians.

### Is the service caring?

**Good** ●

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

Feedback received from community based professionals was very positive about the home.

### **Is the service responsive?**

**Good** ●

The service was responsive.

We saw that significant improvements had been made to people's care plans and risk assessments.

People who used the service were encouraged to maintain their independence wherever possible.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

Systems were in place to manage complaints.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

Systems were in place to regularly assess and monitor the service. However because the registered providers had to deal with the closure of one of their other care homes there were some shortfalls in this area, which were openly brought to our attention. We recommend that these shortfalls are addressed as soon as possible.

The registered provider's had notified us of any incidents that occurred as required.

People who used the service and staff reported the registered manager and the registered providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

# 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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by an adult social care inspector on 23 and 29 November 2017.

During the inspection we spoke with five people who used the service either individually or as part of a group and a support worker. We also spoke with the registered manager and both providers responsible for the home. Following our inspection we received information from three community based professionals as well as a neighbouring local authority commissioning team.

We also spent some time with people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked around parts of the premises and at a range of records relating to how the service was run; these included two people's care records as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

# Is the service safe?

## Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, "It was a shock at first when Park View was closing but I like it here I get on with everyone. I feel safe and I can go out and come back when I like."

A support worker said, "I love it here. I feel safe." A community based professional commented, "The Elms provide a family atmosphere where people feel safe and at home."

We saw that information about safeguarding was available for people to view. There was also information about the local neighbourhood Police and how to contact them. Staff had access to a safeguarding file which gave them information about safeguarding and who to contact.

The support worker we spoke with was confident they could raise any issues and discuss them openly with the registered manager and the providers and action would be taken to address them.

The support worker confirmed that recruitment checks had been carried out before they started work at the home. We looked at the recruitment files held for two new staff who were employed within the organisation. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate's performance.

The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home, for example, hospital appointments or activities, additional staff came in to support people. No agency staff were used at the home. This meant that people were always supported by people who knew them well and ensured good continuity of care.

We saw that there were risk assessments in people's care records that gave information to staff about how to support people to keep them safe and minimise any presenting risks. We saw that the risk assessments for people had recently been renewed and updated. There was a significant improvement in the detail in people's risk assessments. There were no behavioural management concerns at the time of our visit and physical intervention techniques were not used.

Staff members were responsible for cooking and cleaning, as well as supporting people with daily living skills. We saw that a weekly cleaning rota was completed by them. During our inspection visit we saw that the environment was clean, tidy and there were no malodours detected. We saw that there were systems in place to prevent the spread of infection, for example, colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen. The kitchen was also seen to be clean, tidy and well organised. Colour coded chopping boards were available for people to use to help prevent the spread of

food related infections.

We saw valid maintenance certificates for portable electrical appliances and a gas safety certificate. A test had been carried out on the water at the home to ensure that there was no Legionella present. A valid certificate was in place to confirm this. The homes fire safety system and fire extinguishers had also been serviced.

Staff were responsible for the administration of people's medicines. We saw systems were in place to record what medication people had taken. We looked at the Medication Administration Records (MARs) for people who used the service and found these were fully completed. At the time of our inspection we were told that no-one was receiving controlled medicines, 'when required' medicines and no medicines were given without people's knowledge. One person received an anti-coagulant medicines and blood levels were monitored. Another person was self administering specialist medicine and this had been agreed with the person's consultant and risk assessed.



## Is the service effective?

### Our findings

We talked with a support worker. They told us that they had shadowed an existing member of staff for two weeks before working alone. This helped them to get to know people and their day to day routines. They said they could contact the registered providers and manager at any time if they had concerns and they would respond. They said that they had been encouraged to tell the registered manager and the registered providers if they did not feel comfortable and safe to support people alone.

We looked at the organisation's staff team training records. This showed that staff had received basic training in food hygiene, health and safety, first aid, fire awareness, infection control, medication moving and handling, dignity, safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS). Most of the basic training had been completed through the local authority training partnership. This was confirmed on the team training record we saw. However three new staff members needed to undertake some of this training.

We saw that the provider had also introduced online training and we saw that staff had undertaken a range of training. This included Data protection, basic food safety awareness and manual handling. The senior support worker had completed a Quality Care Framework (QCF) Level 3 in care for the learning disability pathway. Three support workers held an NVQ Level 2 or 3 in health and social care.

We recommend that provider ensures that outstanding training for staff is addressed as soon as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.)

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLS). Information about MCA, DoLS and safeguarding was shared with staff at team meetings and they signed to say they had seen it.

We talked with the registered providers about whether or not one person had retained their mental capacity as they were at risk of dementia. We saw that this person was still able to communicate through gesture and the use of some Makaton signs. The registered providers felt that the person was still able to indicate their personal preferences and never left the home without support. It was agreed that this situation would be closely monitored going forward.

We also raised concerns about whether this person who had recently moved into the home bedroom was appropriately placed given their health and safety needs in relation to the stairs and should there be a need to evacuate the building in an emergency. Again the registered providers felt that the current situation was suitable.

People showed us around the communal areas of the house. We saw that whilst the house was comfortable and homely, it was tired in appearance in parts. We were aware that one bedroom had recently been decorated. We saw that there had been a leak in one person's bedroom, following a visit by a plumber to fit new radiators. We were told once the leak had dried out then the person's room would be decorated. We also saw that a light in an ensuite toilet on the second floor was not working and the poor lighting could present as a trip hazard. This was raised with the registered manager who told us that they were in the process of addressing this matter.

People told us they were happy with the food provided. The provider told us that food was ordered online and delivered to the home once a week. People told us they could go to the local shops if they ran out of anything. There was a six week rotating menu that showed one choice for the main meal of the day. However we were told that the menu could be changed if people wanted something different and we saw a record was kept of what people actually had eaten. Staff had access to a record of people's food and drink likes and dislikes to help plan meals.

People told us they could access the kitchen at any time to get a hot drink and a jug of cold juice was always out and available for them to drink. Some people told us that they were involved in helping to prepare and cook meals either for the group or for themselves. We saw one person involved in making a snack of beans on toast. There were no concerns about people's weight for anyone living at the home and no special dietary needs were in place.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments. Routine check-ups with health care professionals helps to promote good physical and mental health. One person showed us their new hearing aids, which they were pleased with and had started to wear. This person told us that they had made an improvement to their hearing. Another person told us about how staff were supporting them with a health need and getting into a routine to help them reduce the impact of it.

We saw that people had a health action plan in place which gave information about their health needs. There was also a 'traffic light system information pack' available to give staff at hospital all the information they needed about the person should they need to be admitted.

A community based professional commented, "With more challenging individuals the service has supported them through difficult times providing support and solutions to maintain the placement and calling for support of other professionals when needed e.g. Community Learning Disability and social work teams."

## Is the service caring?

### Our findings

The atmosphere at the home was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. A person said about the staff, "They're alright. If I have a problem I could talk to the staff."

People we spoke with told us they got on well together as a group and had settled well following the recent changes.

People looked well cared for and were well dressed. We saw that to ensure people's right to privacy and where able to handle them had keys to their bedrooms. We saw that one bedroom had recently been decorated. The registered manager told us that people had been involved in choosing what theme they wanted and helped where possible.

It was clear from discussion with the support worker that we spoke with that had a good understanding of people's individual care and support needs. They told us that people were, "All different and have individual needs."

People had contact with a local advocacy group for people who have learning disabilities called People First. However we were told by a person who used the service that People First might close because it had not been successful in receiving funding. The person concerned was disappointed about this.

We saw that personal information about people who lived at The Elms was stored securely which meant that they could be sure that information about them was kept confidential.

A community based professional commented, "I have found that in most cases people are very happy and have fantastic relationships with the proprietors and support staff. In my experience they have supported some very complex people and have had many successful outcomes whereby they have settled well and stayed at The Elms long-term or after a period of time have moved onto a more independent living placement" and "Support staff treat people with respect and dignity, getting to know them as individuals and supporting their interests and aspirations."

Another commented, "I have supported several individuals to access the Elms and found the placement to be a very homely setting with individuals living there seeing it as their home. The management and staff have always been able to offer a positive, caring and supportive service based on the individual's needs. When they have been approached regarding opportunities for new individuals they have been conscious of compatibility with the residents already living at the Elms and the person seeking a placement."

## Is the service responsive?

### Our findings

We looked at the care records for two people who used the service. We saw there was a community care assessment and care plan that had been undertaken by health and social care professionals. This should help ensure staff were able to respond appropriately to people's needs.

We saw that since our last inspection significant improvements had been made to the care records about the amount of detail and direction provided for staff about how to support people. We saw that the new support plans covered, physical and mental health, where I live, my money, my hobbies and leisure activities, what I do with my day and my family. We looked at two care records and saw they were up to date and had recently been reviewed and signed were appropriate.

A community based professional commented, "The service has had some significant challenges which they have faced and I feel they have supported their residents in a very positive way. They provide a person centred service which appears to work well for the people they support and their families."

People told us they had a range of individual activities that they participated in at the home and in the local community; these included, for example, shopping and meeting friends in Bury, bus rides and until recently one person went horse riding. People told us they were looking forward to Christmas. One person was involved in a play at a local theatre through the Jigsaw drama group.

A community based professional commented, "The Elms encourage social interaction with new people by providing opportunities and events for people to plan together and share. There is always something to look forward to at The Elms. Service users tell me about the things they have done and the things they are planning on doing with the support of the service. People are supported to manage their money and to save for planned holidays or treats. This empowers people and encourages them to plan for the future."

We found people who used the service were encouraged to become as independent as possible with staff support tailored to meet their individual needs. One person told us, "I have learnt where the bus is now so I can come and go." Wherever possible, people took responsibility for household tasks such as preparing meals, washing and drying dishes after meals, washing their clothes, vacuuming and general cleaning. This helped to support people to maintain or develop their independent living skills.

There had been one complaint made about the service. This had been addressed by the providers through disciplinary measures. People we asked told us that they had no worries or concerns and if they did they could speak with any of the staff. The provider had a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback.

The new support worker told us they were encouraged to raise any concerns they had with the registered manager and the providers. There was an on call system in place in case of emergencies outside of office

hours and at weekends. This meant that any issues that arose could be dealt with appropriately, with the support of managers. The providers said, "We would rather know what is happening than not know. We send text messages to check."

## Is the service well-led?

### Our findings

We were aware that three people had recently moved into the home following the closure of one of the providers other two homes. The home closed due to financial constraints caused by legal changes in payments relating to sleep in allowance so as to secure the future of The Elms and another home nearby.

Resettling people to The Elms or finding alternative care homes for people who used that service and resolving issues with staff had been the registered providers priority. This meant the registered providers had fallen behind with providing some staff training as well as aspects of quality assurance, which they openly told us about.

We acknowledged that this had been a traumatic and stressful time. They told us that staff training and quality assurance as well as upgrading both existing homes would be their priority going forward.

We recommend that provider ensures that any outstanding aspects of quality assurance are addressed as soon as possible.

The role of registered manager was shared between two people one of whom was one of the providers [owner] of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One of the registered provider/managers holds a post graduate 'Applied Psychology of Intellectual Disabilities' degree. The provider also attended local partnership meetings and was a member of the local learning disability strategy group. This helps them to keep up to date with changing legislation and guidance as well as share ideas about best practice.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions.

Before our inspection we contacted the two local authority commissioning and safeguarding teams. They informed us they had no concerns about the service. One local authority commented, "[The service] have been consistently rated as low risk and good quality contract monitoring wise. Placements have been very settled with this provider."

Community based professionals commented, "I always find the support, communication, attitude and commitment to the residents to be of a high standard. I would have no reservations in recommending this service to people with learning disabilities" and "I would have no hesitation in contacting the Elms if an individual required a residential placement."

Services which are registered are required to notify the Care Quality Commission of incidents that happen,

for example, safeguarding and serious injury. We checked our records and saw that the registered managers for this service had done this appropriately when required. We could not find a website for the home to check that the rating was displayed.