

Sheridan Care Limited

# Elmsdene Care Home

## Inspection report

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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

Elmsdene Care Home is registered to provide personal care for a maximum of thirty three people. The home specialises in providing care for people who live with dementia. 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 television lounge. There is a small parking area for visitors at the front of the building. At the time of our inspection visit there were 29 people who lived at the home.

At the last inspection carried out on 05 April 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with two people who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well. We also spoke with three visiting relative's who told us they were happy with the care provided and knew their relatives were safe. One person said, "Really nice friendly staff and I know [relative] is safe. I am highly satisfied with the care."

Throughout the inspection visit we observed staff being kind and attentive to people in their care. We saw they were caring, patient and engaged people in conversation whilst providing their support. We saw staff were always in attendance in communal areas and available when people needed their help.

Procedures were 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.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. We saw safe staffing levels in place and people received care and support when they needed it. People had support to enable them to pursue activities of their choice including going for walks.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received. We saw people had consented to their care and treatment and where appropriate family members who had the legal authority to do so.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. The design of the building and facilities provided were appropriate for the care and support provided.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were constantly being respected.

The service had safe infection control procedures in place and staff had received infection control training.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

The service had information about support from an external advocate should this be required by people they supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had a complaints procedure which was on display in the entrance hall for the attention of people who lived at the home and their visitors. A visiting relative told us they were aware of the procedure but had never had reason to make a complaint.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 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.

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

This comprehensive inspection visit took place on 05 November 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection we completed our planning tool and 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 supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department at Blackpool Borough Council 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.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

During the inspection visit we spoke with a range of people about the service. They included two people

who lived at the home and three people visiting their relative's. We also spoke with the service's registered manager, registered provider, deputy manager, three care staff members, catering manager and maintenance man. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of four people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

Throughout the inspection we observed safe care practices with staff being kind and patient with people in their care. People who lived at the home who were able to speak with us told us they felt safe in the care of staff who supported them. Comments received included, "The staff are really good to me. I feel safe in their care." And, "I am being really well looked after and feel safe here." People visiting the home told us they felt their relative's were safe in the care of staff who supported them. One person said, "I love [relative] being here. I know they are safe and well cared for and I have no concerns about anything."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. We saw the duty rota reflected the needs of people who stayed at the home and care and support was provided in a relaxed and timely manner. We observed staff supporting people on one to one activities such as going out for walks. One person who lived at the home told us they liked to go out for daily walks and they were being supported with this. The person said, "I have just returned from a walk with a carer. I like to get out every day for exercise and fresh air."

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We looked at how the service managed controlled medicines and found safe storage, administration and recording had been maintained.

We looked around the home and found it continued to be clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. We found where they occurred any accident or 'near miss' had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents. For example, updating people's risk assessments and contacting the falls prevention team for advice.

# Is the service effective?

## Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. Comments received from the relatives of people who lived at the home included, "They keep me informed about [relatives] care which is important to me. I wouldn't dream of moving them to another home."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, diabetes awareness, moving and handling people, safeguarding adults and end of life care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We found people continued to be happy with the variety and choice of meals provided. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit, biscuits and cake. Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people were visited by healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. We saw people had access to healthcare professionals and their healthcare needs had been met. For example, during our inspection visit we saw an optician completing annual eye screening tests for people who lived at the home. One person visiting the home told us they were happy their relatives healthcare needs were met. The person said, "The staff are very good at picking up when [relative] feels unwell and acting on it quickly."

We looked around the building and found it was appropriate for the care and support provided. Bedrooms were mainly single occupancy with en-suite facilities. Aids and hoists were in place which were capable of



meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access.

## Is the service caring?

### Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful, kind and showed genuine compassion to people in their care.

People who lived at the home told us they were very happy, well cared for and enjoyed living at the home. Comments received included, "The staff are really good and friendly. They care for me very well." And, "The staff are always nice wanting to know if I am ok and need anything." People visiting their relatives told us they happy with the care provided at the home. Comments received included, "Fabulous home the staff are incredible, really caring and friendly. Very special staff." And, "Brilliant home, [relative] is really well cared for and very happy."

Staff had a good understanding of protecting and respecting people's human rights. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We spoke with the registered provider about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

During the inspection we observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.

## Is the service responsive?

### Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met.

The service had Wi-Fi (wireless connectivity) in the building enabling people who lived at the home to have internet access through their hand held computers and mobile phones.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. These were varied and thoughtful and included activities people who lived at the home had requested.

The service had a complaints procedure which was on display in the hallway for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The people we spoke with told us they were happy and had no complaints.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. The relative of one person said, "Four years ago I was told [relative] only had days to live. Thanks to the excellent end of life care provided they are still with us."

## Is the service well-led?

### Our findings

We found people were happy with the way the home was managed. One person visiting the home said, "The manager and her deputy are very efficient and good managers. Very well run home in my opinion. Really happy with everything and would hate to have to move [relative] from here."

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 the service had clear lines of responsibility and accountability. The registered provider, registered manager, deputy manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them and management provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained.

Staff told us they were able to contribute to the way the home operated through staff meetings, supervisions and daily handovers. They told us they felt supported by the registered provider and registered manager.

Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. Comments received included, 'Elmsdene provides a safe and secure home for [relative]. They are always clean and well presented when I visit them. I have never had a concern about their care and welfare.' And, '[Relatives] needs are fully met and I am happy with their care.'

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.