

# Elmcare Limited







# Elmwood House

## 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?		Requires Improvement	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

This inspection took place on 4 and 9 December 2014. The first day was unannounced.

Elmwood House is a home for up to 32 people with learning disabilities. There were 28 people using the service at the time of this inspection. It is located on the outskirts of Chesterfield, which has social and cultural amenities and good transport links.

There was a registered manager at the service at the time of our inspection. 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.

At the last inspection on 28 November and 12 December 2013, we asked the provider to take action to make improvements. This was in relation to care planning, the management of medicines and staff training. The provider sent us an action plan outlining how they would make improvements.

# Summary of findings

At this inspection we found that action had been taken and improvements had been made.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to people's care were taken in consultation with people using the service, their representative and other healthcare professionals, which ensured their rights were protected.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers. This process had recently started and the manager was prioritising which people required the most urgent assessments.

Staff were available at the times that people needed them to provide care and support.

Medicines were safely managed and administered and people received medicines when they needed them.

Staff received training that was relevant in supporting people with learning disabilities. Staff were supported through links to specialist health advisors such as physiotherapists, community nurses, doctors and psychology services.

People told us they enjoyed living at Elmwood House and their relatives told us that staff were caring and compassionate.

People were able to take part in activities of their choice but some options were not age appropriate.

People using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

The registered manager at the home was familiar with all of the people living there and staff felt supported by the management team. The service had a clear aim to be open and transparent and people were able to contribute to plans to develop the service. Regular staff and residents meetings were held to ensure people were involved and could have their say in the running of the service.

# 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.

Families of people using the service told us staff knew and understood their relatives, which helped to keep them safe.

Staff were aware of what steps they would take to protect people to keep them safe. Risks to people were identified and staff knew what these were.

Enough staff were available to support people and meet their needs safely.

Medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective.

Staff completed relevant training to enable them to care for people effectively and were supported by the management team to carry out their roles.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service was meeting the requirements of these safeguards.

People's nutritional needs were met and they were able to make individual meal choices because information was provided in ways that people could understand.

Healthcare professionals told us that staff kept them up to date with changes to people's support needs and contacted them for advice.

Good



### Is the service caring?

The service was not consistently caring.

People using the service and their families told us they liked the Elmwood House and the way staff cared for people.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service.

People's dignity was not always upheld. We saw some people using nursery equipment.

Care plans were centred on each individual person. People were supported to contribute to reviews of their care.

Requires Improvement



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

People were encouraged to express their views and concerns through a number of channels, including group meetings and speaking with the manager directly. Complaints were well managed.

## Is the service well-led?

The service was well led.

The service had a registered manager.

People using the service, relatives, staff and healthcare professionals praised the manager of the service for the way the home was run and were able to contribute to the development of the service.

Staff told us they would be happy to raise any concerns as they felt they would be dealt with appropriately.

The provider had effective procedures for monitoring the quality of the service.

Good



# Elmwood House

## 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 4 December 2014 and was unannounced. The inspection was carried out by two inspectors and a specialist advisor in learning disabilities.

Before our inspection we asked the provider to complete 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 notifications the provider had

sent us. Notifications are changes, events and incidents that providers must tell us about. We also spoke with the local authority responsible for contracting and monitoring some people's care at the home.

We spoke with five people living at the service, five people's relatives and ten staff, including the registered manager and deputy manager. We spoke with six health and social care professionals including social workers, physiotherapists and specialist nurses.

We observed how staff spoke with and supported people living at the service and we reviewed three people's care records. We reviewed other records relating to the care people received. This included some of the provider's audits on the quality and safety of people's care, staff training and recruitment records and medicines administration records.

# Is the service safe?

## Our findings

At the last inspection on 28 November and 12 December 2013, we found that improvements were needed in relation to the administration of 'as required' medicines and auditing of medication procedures. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. At this inspection we found that this action had been taken.

We found systems were in place to safely manage medicines prescribed for people using the service. This included storing medicines securely and making sure medicines were kept at the correct temperatures. Our observations showed that staff administered medicines safely.

Records were kept of medicines received into the home and when they were administered to people. There were no gaps on the administration records and any reasons for people not having their medicines were recorded.

We saw one person's dispensing pack had three tablets missing that were yet to be administered. We discussed this with the deputy manager and they were able to locate the tablets in the treatment room and explained that they had become dislodged from the dispensing pack. They were available for administering when required.

There were clear protocols for 'as required' medication and correct codes were used to show when these had been administered.

Controlled drugs were stored securely and records were accurate and matched the drugs in stock.

We observed people being supported safely, for example when mobilising, and those people who we were able to communicate with confirmed they felt safe and liked using the service. There were robust procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this, which records confirmed, and had access to the provider's policies and procedures for further guidance. They were

able to describe what to do in the event of any incident occurring and knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

Staff we spoke with told us their management of challenging behaviour had improved due to the implementation of training called NAPPI (Non-abusive Psychological and Physical Intervention). As a result incidents had decreased. Staff we spoke with told us they felt safe and competent to manage any challenging behaviours. An external professional also confirmed that the incidents of behaviours had decreased for the person they were involved with since using the service and described the person as "settled" at Elmwood House.

We found people had risk assessments in place that covered risks specific to them, for example regarding epilepsy, and staff knew what these were. Risk assessments were up to date and included specific measures for staff to follow.

People we spoke with and their relatives told us there were sufficient numbers of staff to meet individual needs. Staff also said there were enough and any absences were usually covered from the staff team. We looked at recent staff rotas, which confirmed this, and showed that cover for any absences was obtained. We saw requests for assistance were responded to in a timely manner.

We found that the provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before a person commenced working in the service. A member of staff we spoke with confirmed that they did not commence work before their DBS check arrived.

We discussed with the manager the need for risk assessments to be in place if there were any issues highlighted that were related to convictions or previous employment. We saw these were not always completed consistently. The manager agreed to ensure risk assessments were always undertaken where issues were identified.

The provider took steps to ensure the premises were safely maintained. The building was clean and tidy and there was clear information on display on how to evacuate people in the event of a fire.

# Is the service effective?

## Our findings

At the last inspection on 28 November and 12 December 2013, we asked the provider to take action so that staff received sufficient training and support to carry out their roles. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. At this inspection we found that this action had been taken.

Staff we spoke with told us they had access to information and training to understand the needs of people using the service. They told us they were undertaking specialised training in NAPPI (Non abusive Psychological and Physical Intervention) to minimise the risk of challenging behaviour and that incidents had diminished as a result. One staff member described the access to training as good and said “We get excellent management support” and another said “The training is good and there is plenty of it”.

Training records also demonstrated staff were up to date with health and safety training and that they also undertook training in areas relevant to people using the service such as epilepsy and falls prevention.

People were supported to maintain good health and nutrition and to access healthcare services when required. Families we spoke with told us staff made appropriate referrals and involved other healthcare professionals in the care and support of their relatives. This included access to doctors, physiotherapists and specialist nursing services. One relative told us “We sleep easy knowing they’re looked after” and another told us that their family member had regular hospital appointments.

We saw that people’s health needs were identified in their written plans of care, which detailed the required personal care interventions for staff to follow. These plans were comprehensive and personalised. Care plans were regularly reviewed and contained a record of the support and advice provided from other healthcare professionals. There was also emergency information available for hospital admissions and external health appointments. External professionals we spoke with were complimentary

about the service. One described it as excellent and said they were kept informed of changes in health and another said the service was proactive in managing a specific health issue.

We saw that staff offered people a choice of drinks with their meal and staff gave them the assistance and support they needed to eat. We saw there was a choice on the menu, and this was shown pictorially to aid people’s understanding. Some people also chose options that were not on the menu. We looked at available food stocks and saw they were plentiful and nutritious.

Staff had an understanding of people’s nutritional needs and specialist diets. They were able to describe the requirements of a specific diet and we saw specialist food items were available to meet this dietary requirement, as detailed in their nutritional assessment.

Mental capacity assessments were completed for each person receiving care, to meet with the requirement of the Mental Capacity Act 2005 (MCA). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Senior staff we spoke with understood the basic principles of the MCA.

Staff responsible for assessing people’s capacity to consent to their care demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff had undertaken assessments of people’s capacity in relation to specific decisions such as finance. The provider was in the process of referring people to external professionals for assessments to determine whether an authorisation was required. An external professional said the service had a “good grip” on what was required for a DoLS authorisation.

We saw the premises were suitable for people with disabilities with lift access between floors and access to outside space. We also saw a sensory space had been developed in one area of the building for people to use. This enabled people with limited communication and multiple disabilities to have stimulation and interactions to meet their individual needs. However, some of the signage

## Is the service effective?

in people's personal rooms and communal areas was intended for staff, for example, in relation to cleaning regimes and daily staff tasks, which did not help to promote people's independence.



# Is the service caring?

## Our findings

People who could communicate verbally with us told us they liked living at Elmwood House. One person said “It’s good here” and a relative told us “It’s ever so friendly”. Another relative said “Staff are so kind and respectful to everyone”.

We saw staff interactions with people were warm and friendly and people had a good rapport with both support workers and the management team. A relative told us “They’re good care workers.”

We saw that staff identified what people could do independently as well as what assistance people needed. For example, we saw one person being encouraged to walk safely. However, we also found there were some areas of daily life where people were not involved; for example, menus were devised by catering staff and did not fully include people in decisions about meal options.

We saw people were treated respectfully and were well dressed. People involved in attending the outdoor workspace had appropriate clothing for work, such as reflective coats and wellington boots, and told us they enjoyed spending time there. The tasks they were undertaking were suitable for adults. However, some of the

equipment available for people to use for hobbies in one area inside the home did not reflect people’s ages; for example, in one room used for leisure purposes, there were toys for nursery age children that were not suitable for adults. This did not uphold people’s dignity. We discussed this with the manager who agreed to look into alternative equipment more appropriate to the age of the people using the service.

People’s personal space was decorated to their taste and reflected their choices and preferences. Staff respected people’s choice to spend time in their rooms.

We did not see plans detailing people’s goals and achievements that showed how independence was enabled in the records we looked at. This meant the provider was not ensuring the national guidance ‘Valuing People Now’ for people with learning disabilities was being followed. It was also unclear from the records we looked at how involved people or their representatives were in developing their care plan. For example, we did not see any advocacy involvement and there was no information on how people had been supported to contribute to their plan of care and support. The manager told us Independent Mental Capacity Advocates (IMCA) had been involved where required.

# Is the service responsive?

## Our findings

At the last inspection on 28 November and 12 December 2013, we asked the provider to take action so that people's care records accurately reflected the support provided. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements. At this inspection we found this action had been taken.

The care records we looked at included details about people's mental, physical and social well-being so staff were aware of the actions required to meet people's needs. There was information about what personal care tasks people could do for themselves and where they needed support. Relevant risk assessments were in place to ensure people were supported safely. They were personalised and detailed and were reviewed regularly.

People told us that they enjoyed their lifestyles at Elmwood House. Four people we spoke with were involved in gardening and repair work and told us they liked what they were doing. One person said "We enjoy working at the garage painting, gardening and fixing broken chairs."

We found staff knew about people's interests and then made sure people were able to do them. For example, for one person this had included going to a local sports facility and for another participating in swimming.

People using the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

Staff were knowledgeable about people's individual needs and preferences and all the staff we spoke with could describe how they supported people on a daily basis. For example, one staff member told us about the person they supported, "They like jigsaws, music, getting involved in activities, going out" and said "We know when they're upset when they clap their hands or turn their head away".

People we spoke with told us they would go to staff or the manager if they had any concerns. Relatives told us that they knew who to speak to if they had any concerns and praised the manager for the way they dealt with queries and concerns. One relative said "I would go to the manager if I wanted to complain."

The provider had a formal complaints policy, detailing response times and how to escalate concerns if people were not satisfied with the outcomes. Records of complaints were maintained and it was clear from the record what action had been taken to resolve the issue raised. For example, the manager had changed mealtime routines to ensure people could eat at a time that suited them.

# Is the service well-led?

## Our findings

There was a senior management team to support the registered manager. People we spoke with knew who the manager was and came to the office door if they wanted to talk with her or any other senior staff. They were listened to and received an appropriate response. Relatives told us they received a courteous response from the management team if they discussed any issues with them.

The manager had a clear aim to be open and transparent and make sure people using the service were at the centre of their care and support. The manager told us that the service aimed to enable people to be as independent as possible and that people's quality of life was central to the way the service operated.

We found in discussion with staff that they were motivated and open with people about what was happening and knew how to raise concerns or highlight poor practice. Staff told us that they were confident that any concerns would be listened to and acted on by the manager and that they received the right sort of support to work to the best of their ability. One staff member said "It's good that they encourage us to learn".

Staff told us they were able to make suggestions for improvements and they were acted on. For example, one staff member told us that they had made suggestions to improve the number of activities and interests on offer and this had occurred.

There were opportunities for people to provide feedback about the quality of the service and possible improvements. There had been surveys for staff, family members and people using the service in 2014. Most of the feedback was positive; for example, a relative had commented that "All staff are very kind and helpful". No concerns were raised.

The provider had clear and comprehensive systems in place to assess and monitor the quality of the service. These included monthly audits undertaken by the manager in areas such as health and safety, standard of care records and catering. They were up to date and detailed any issues as well as identifying the action taken to address issues raised.

We saw a sample of policies and found that although these contained useful information they were generic and had not been amended to reflect local procedures. For example, the safeguarding policy did not include the local safeguarding authority contact details.