Elm Tree Care Home Limited

Elm Tree

Inspection report

Elm Tree Avenue
Frinton-on-Sea
Essex
CO13 0AX

Website: www.elmtree.hunthealthcare.com

Date of inspection visit:
12 March 2020

Date of publication:
28 April 2020

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

About the service
Elm Tree is a residential care home providing personal care for up to 46 people aged 65 and over. At the time of the inspection, the service was supporting 44 people.

People's experience of using this service and what we found
People were positive about the care provided at Elm Tree and there were enough competent staff to support people safely according to their needs and preferences. Risk assessments were in place to keep people safe. Medicines were managed safely. People received care from staff who understood how to recognise and report issues of concern.

People's needs were assessed before they moved into the service to ensure they could receive the care they required. Staff received training and support to carry out their roles and responsibilities. People enjoyed a varied and nutritious diet. Staff worked with external professionals to promote people's health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The staff were kind and caring. Staff knew people well and supported people with dignity and respect. People were encouraged to be as independent as possible.

Care plans provided information for staff to follow to support people effectively. People had the choice to participate in activities which promoted a good quality of life. People knew how to raise a complaint and their views were listened to and investigated. Plans were in place to support people at the end of their lives.

We received positive feedback about how the service was managed. There were systems in place to monitor the care people received. The management team were proactive in promptly addressing any concerns and committed to ensuring the service continuously improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (published 12 July 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-led findings below.

Elm Tree

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
One inspector conducted the inspection.

Service and service type:
Elm Tree is a care home which is registered to provide accommodation and personal care. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced and took place on the 12 March 2020.

What we did:
Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection. We also spoke to one professional.

During the inspection, we spoke with eight people using the service, the registered manager, the acting manager, one staff member and one professional. We looked at records in relation to people who used the service including five care plans and three medication records. We looked at records relating to training and systems for monitoring quality.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were in place to provide guidance to staff on how to safely support people and covered areas such as moving and handling, the use of bedrails and bathing. However, some assessments did not include all the risks to people or how to reduce the risk of these occurring. This had been identified by the acting manager and work was in progress to address this.
- Where people could become anxious or distressed, guidance was provided on how to safely support the person and staff knew how to respond to reduce the distress or the risk of injury to the person and others.
- Environmental risks were mostly identified, assessed and managed. However, there were some unstable wardrobes in people's bedrooms with items stored on the top placing people at potential risk of the wardrobe falling over if they tried to reach these. The registered manager acted immediately to secure the wardrobes to remove the risk.
- Equipment such as wheelchairs and walking frame ferrules were checked to ensure they were fit for purpose. However, checks had not picked up the worn rubber ferrules on two people's walking frames who had recently moved into the service from hospital. The registered manager took immediate action to ensure the equipment was safe for people to use and assured us all frames would also be checked when people moved into the service.
- Incidents such as falls were tracked and analysed for themes and trends and falls prevention plans were in place. Measures had been put in place to reduce the risk of falls including sensor lights in people's bathrooms and glow in the dark paint around door frames to enable people to see where the bathroom is at night.

Using medicines safely

- People received their medicines when they should, in a way they preferred, and staff checked people were happy to take their medicines before administering these.
- There were systems for ordering, administering and monitoring medicines. Medicines were kept securely, and records were completed correctly.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.
- The local pharmacy completed six monthly audits of the systems and the most recent audit had not identified any areas for improvement.

Staffing and recruitment

- People felt there were enough staff and our observations confirmed this. Staff were visible throughout the day and responded quickly to people's requests. One person said, "Staff help me in the night, and they come

quickly." Another person said, "I am up early in the morning and staff help me when I need it." One staff member confirmed, "There are enough staff."

● The management team monitored staffing levels and adjusted them as required to ensure people's needs were met. The acting manager had recently identified additional staff were required at night and was planning to increase the staffing levels to ensure this was addressed.

● Recruitment systems continued to be effective and ensured suitable people were employed to work at the service.

Preventing and controlling infection

● Staff completed training in infection control.

● Information about how to prevent the spread of infection was displayed in the service and was being followed.

● There was personal protective equipment available for staff to use to prevent the spread of infections.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the risk of harm and abuse.

● Staff had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns.

●The registered manager understood their responsibility to safeguard people and report any concerns to the local authority.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed when they moved into the service and a care plan was developed to ensure the person was effectively supported.
- Care plans contained information about people's individual needs and included their preferences in relation to culture, religion and diet.
- The registered manager was up to date with current best practice including new guidance on the promotion of good oral health. People had oral health assessments and support plans detailing their oral health needs.
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff worked effectively with other organisations such as the district nursing team and followed any advice given. One professional said, "The staff give us feedback and tell us what is happening and if the treatment is working."

Staff support: induction, training, skills and experience

- Upon joining the service, staff received an induction and training which provided them with the knowledge and skills needed to support people effectively.
- Staff completed the care certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The care certificate is a set of standards social care and health workers should adhere to in their daily working life.
- Staff received ongoing training to meet people's specific needs in areas such as dementia and oral health. One staff member said, "I get enough training. We have a lot of training including some online."
- Staff felt supported and were given opportunities to review their individual work and development needs through supervision and team meetings. Feedback from a staff member on a recent survey stated, 'I am given an option to progress within my senior role.'

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet and encouraged to drink often. There were hydration stations around the service and cone shaped cups had been introduced to encourage people to drink instead of putting the cup down.
- People were complimentary about the food. One person said, "The food is lovely. I love it. I like stews and we have a lot of these and puddings and custard."

● The lunchtime experience was relaxed, and staff supported people at their own pace and responded promptly where people required assistance.
● People's care plans contained information about their nutritional needs and their likes and dislikes.
● People were weighed regularly, and action taken where people had lost weight such as supporting them to have high calorie drinks.

Adapting service, design, decoration to meet people's needs
● The environment was spacious with wide corridors and small seating areas throughout enabling people to have a choice of where they wished to spend their time.
● People's bedrooms were personalised with their own belongings.
● Plans were in place to further develop the environment to meet the needs of people living with dementia. Bedroom doors were due to be different colours to enable people to recognise their bedrooms and a sensory room with a secret garden theme was being created.

Ensuring consent to care and treatment in line with law and guidance
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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff had a good understanding of the MCA and the importance of gaining consent before providing any care. People were encouraged to make decisions for themselves. One staff member said, "If someone lacks capacity, we have to make a best interest's decision for them."
● Decisions had been made in people's best interests and in consultation with professionals and the persons family when people had lacked the capacity to make a specific decision.
● Where people were being deprived of their liberty, applications had been made to the local authority and authorisations put in place.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "I have no concerns. The staff are lovely." Another person said, "One staff member asks me if there is anything I would like them to bring in which is very thoughtful."
- Staff knew people well, had developed meaningful relationships and demonstrated caring attitudes. Feedback from a relative stated, "[Relative] is really well cared for."
- One professional was complimentary about the care people received and said, "Staff have a bond between themselves and their residents. They are very easy to speak to and they are very helpful. These carers are good, you can approach them for anything."
- Staff were passionate about providing good quality care and took every opportunity to interact and greet people throughout the day. One staff member said, "I love working here. I have a passion for care."
- Staff received training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in how they wished to be cared for and given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.
- People and their relatives were able to express their views about the care provided including through resident meetings and annual surveys. Subjects which had been discussed included new staff and activities. One person said, "Staff ask my opinion and I tell them, and they listen. It's like a little family."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported people discreetly.
- People were encouraged to do as much as they could for themselves. One person said, "The staff help me put my socks on. I dress the rest of myself." Another person said, "The staff are doing everything they can to help me. I was using a stand aid, but I am now onto the walking frame. They are very patient with me."
- Care plans contained limited detail to promote people's independence and to provide guidance for staff, however staff promoted people's independence throughout our inspection visit. The acting manager acknowledged this as an area for development.
- People's confidentiality and privacy was protected. Records were stored securely.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them to ensure their wellbeing, however some of the information was duplicated. This was acknowledged by the acting manager who had already identified this and was working on making improvements.
- People were supported and encouraged to take part in activities they enjoyed. One person said, "Nothing is too much trouble. I was encouraged to go out in the wheelchair yesterday and had lunch out." The service worked with the local community centre which people accessed to take part in poetry, bowling and knitting. One person loved swimming and had been supported to take part in this activity.
- Photo journals were kept of activities people had taken part in and recorded if the person had enjoyed the activity and how engaged they were. Activities include chair exercises, quizzes, bingo, one to ones, music and films. One person said, "I have my nails painted. I do anything that's going on."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team had a good awareness of the AIS.
- People's communication needs were clearly identified in their care plans. For example, one care plan stated, 'Come down to [person's] level, face [person] when communicating and communicate at a pace [person] is happy with.'
- Staff communicated with people according to their individual needs and gave people time to process any information and respond.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy.
- There was a complaints policy and process in place.
- Complaints were logged and included the action taken.

End of life care and support

- Staff worked closely with other professionals such as district nurses to ensure people had a dignified and pain free death.

● Some people had end of life plans in place which included their preferences, cultural requirements and their wishes at the end of their life.
● The service was working towards the Gold Standards Framework. This framework gives outstanding training to all those providing end of life care to ensure better lives for people and to ensure end of life care is provided to a high standard. The service was due to become accredited in June.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about Elm Tree. One person said, "Very happy with the care." Another person said, "They [staff] try to make sure we are happy."
- Compliments about the service included, "Thank you to each one of you that have shown care, love and helped [relative] retain his dignity throughout his time at Elm Tree," And, "You showed [relative] so much love and your kindness and caring comes naturally every single day."
- The staff team were positive about how the service was managed and felt the management team were approachable. Comments from a recent staff survey included, "Amazing management, I feel valued and we work totally as a team." One staff member said, "I wouldn't have been here for as long if [registered manager] was not welcoming. Their phone is always on when I have queries and they always available for advice."
- A monthly newsletter was circulated which included a welcome to new residents and updates on staff training undertaken so that people, their relatives and staff were up to date with changes in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An acting manager was in post since the 1st March and they were being supported by the current registered manager who managed two services. There were plans for each service to be managed by its own registered manager to allow more effective management and oversight at each service.
- The registered provider's website did not display the rating or include a link to the report. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements. The acting manager assured us this would be addressed.
- There was a commitment to continuously improving and developing the service. One person said, "I had a bed which wasn't working for me but that has been fixed. It was put right quickly.
- The management team welcomed any feedback and immediately acted on areas for improvement during the inspection.
- Staff meetings were held, and subjects of discussion included team work. An 'Employee of the month' scheme was in place to promote engagement and motivate the team.
- Regular quality audits of the service took place to check practices were maintained to a good standard.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

● The registered manager was aware they had duty of candour responsibility and they were open and transparent about when things had gone wrong and what could be improved as a result.

Working in partnership with others

● The service was involved in the 'Prosper Project' which is a collaboration with Essex County Council and aims to improve safety and reduce harm for vulnerable people in care homes. This had been positive in reducing the number of falls and infections within the service.