

Mr & Mrs J Surae

The Elms Care Home

Inspection report

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Ratings

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|---------------------------------|--------|
| 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

This inspection was unannounced and took place on 20 September 2017. At the last inspection in July 2016, we found the provider was not meeting fundamental standards and we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to make improvements to staffing levels, staff recruitment systems, medicines management, maintaining people's dignity, supporting people to make choices and take part in activities and quality assurance. Following the last inspection the service was rated as requires improvement.

The Elms Care Home is registered to provide accommodation with personal care for up to 13 older people including people with physical disabilities and people living with dementia. On the day of the inspection there were seven people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Improvements had been made to the provider's recruitment processes to ensure staff were safely recruited and were suitable to work with vulnerable people. People received their medicines as prescribed and systems used to manage medicines had been improved to ensure they were safe and effective. There were sufficient numbers staff to meet people's care and support needs and respond to people when required. Risk management processes had been reviewed to ensure staff received appropriate guidance on how to manage risks associated with people's safety, health and well-being.

Improvements had been made to the way in which people's capacity to make decisions had been assessed and recorded. Clear information was now available to staff on how to support people to make their own decisions where possible, or to support decisions being made in the person's best interests. Since the last inspection changes had also been made to the daily menus and people were now being offered a choice of meals. Snacks were also readily available to people to encourage a healthy nutritional intake. People were supported by staff who had the skills and knowledge to meet their care and support needs. People were supported to access healthcare professionals when they needed to and staff were aware of people's health needs and how best to support them.

We found improvements had been made to the way people were supported which ensured their dignity and privacy was maintained. People told us staff were kind and caring and we observed caring interactions between people and staff throughout the inspection visit. People were supported to maintain their independence where possible and were involved in decisions about their day to day care and support. Visitors were welcomed and known by staff, who recognised the importance of people maintaining relationships that were important to them.

Improvements had been made to the range of activities available for people to participate in. More detailed

information about people's life histories and interests was available to staff to improve the quality of activities offered. People and their relatives were involved in the planning and reviewing of their care. People knew how to complain if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

People, relatives and staff told us they felt the home was well managed. The registered manager and staff team had made a number of improvements since the last inspection. There were effective systems in place to monitor the quality of care being provided. People and staff were involved in identifying further areas for development and this feedback was used to drive improvement. The provider had notified us of incidents and events as required by law.

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.

Improvements had been made to the provider's recruitment systems to ensure suitable staff were recruited safely.

People received their medicines as prescribed and medication management systems had been improved to ensure they were safe.

People's care and support needs were met by sufficient numbers of staff.

Improvements had been made to people's care records which meant risks had been assessed and were effectively managed to reduce the risk of harm.

Is the service effective?

Good ●

The service was effective.

Improvements had been made to the way people's capacity to make decisions was assessed and recorded.

A choice of foods was now available at each meal time and people received sufficient amounts of food and drink to maintain their health.

People were supported by staff who had the skills and knowledge to meet their needs.

People received support from staff to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People now received support that maintained their privacy and dignity.

People described staff as friendly and caring.

People were supported by staff who knew them well and were involved in day to day decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People were now being offered more opportunities to engage in activities or hobbies that interested them.

People and their relatives were involved in the planning and review of their care.

People and relatives knew who to contact if they were unhappy about the care they had received and felt confident to complain. The provider had a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

Improvements had taken place since the last inspection and the provider's quality assurance systems had ensured people now received a service that was safe and met people needs.

People, relatives and staff felt involved in the development of the home and had been asked for their views on how improvements could be made.

The registered manager demonstrated a good knowledge of the requirements of their role.

The provider had notified us of incidents and events as required by law.

The Elms 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.

This inspection took place on 20 September 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with two people who lived at the home, five visitors, five staff members and the provider. Following the inspection visit we spoke with the registered manager by telephone, as they were unavailable on day we visited the home. We looked at two records about people's care and support, three staff files, three people's medicine records and systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

At the last inspection in July 2016 we rated the provider as 'requires improvement' under the key question of "Is the service safe?" We found improvements were required to ensure there were enough staff to meet people's needs in a timely way and that staff were recruited safely. The provider was found to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were also required to ensure systems used to manage medicines were safe. At this inspection we found improvements had been made in these areas and the provider was no longer in breach of the regulations.

We reviewed three staff files and found improvements had been made to the way staff were recruited. The provider had carried out pre-employment checks to ensure staff were safe to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. We saw appropriate checks had been carried out. This demonstrated the provider had made improvements. Systems were now in place to ensure people received support from staff who were safe to work with vulnerable people.

We looked at how medicines were managed which included checking the Medicine Administration Record (MAR) charts for three people. We found improvements had been made to medicine management systems. Senior staff shared with us how the changes made had improved the oversight of administering medicines. A new system had been implemented to ensure effective oversight of pain relieving medicines which were given on an 'as required' basis. This new system ensured that any errors would be easily detected and ensured staff were aware of the amount of medicines held in stock for each person. Where people received their medicine on an 'as and when required' basis guidance for staff about when and how to administer these was now available in people's care plans.

People we spoke with were unable to tell us about their medicines because of their communication needs. However, one relative shared with us how their family member's medicines had been reviewed since they moved into the home and this had resulted in them having fewer falls. The relative told us they felt reassured by the actions taken by the staff team to reduce the number of falls the person was experiencing. We observed staff administer medicines to people with patience and understanding of their specific needs. Medicines were stored securely with access only by authorised members of staff.

At the last inspection in July 2016 we found there were not always sufficient numbers of staff to meet people's care and support needs. At this, most recent inspection we found improvements had been made and there were staff available to respond to people when required. A relative told us, "I am happy that there are enough staff." We observed staffing levels throughout the day and found there were enough staff available to assist people with their personal care needs as well as eating and drinking. Where people required support with their mobility, or to take part in activities staff were available to assist them. The provider told us and staff we spoke with confirmed, any staff absence was covered by the existing staff team and agency staff were not used. We saw the provider had recruited a number of new staff member since the last inspection which had helped to ensure people's needs were met by sufficient numbers of staff.

All of the people we spoke with told us they felt safe living at The Elms. One person told us, "Staff come and check on us to make sure we are alright." Another person commented, "I do feel safe here, I shut my bedroom door at night but I don't feel I need to lock it." We observed interactions between people and staff. People looked relaxed when in the company of staff and were happy to approach staff when they needed support. Staff knew how to keep people safe and were aware of how to report any concerns for people's safety and well-being. One staff member told us, "Ultimately we have a duty of care to the residents. I would speak to the manager if I was concerned for people's safety and would also contact CQC if I needed to." The registered manager had a good understanding of their responsibilities in relation to protecting people from harm. They were aware of local safeguarding procedures and had notified us of any significant incidents or events as required by law.

Following the last inspection the provider had reviewed risk management plans for people living at the home. Where people were at risk, for example, with their movement and mobility, we saw the registered manager and senior staff had carried out risk assessments. This ensured staff had the information they needed about how to support each person safely. We reviewed people's care records and found staff had taken action to ensure people were protected from the risk of harm in relation to their skin integrity. For example, one person had been supported to use a different bed so that a more appropriate mattress could be used to reduce the risk of damage to their skin. Guidance was available to staff about how to support the person and staff we spoke with were aware of the risks to the person's skin and knew how to support them safely.

Is the service effective?

Our findings

At the last inspection in July 2016 we rated the provider as 'requires improvement' under the key question of "Is the service effective?" We found improvements were required to ensure people's capacity to make their own decisions had been assessed as well as to the choices people were offered in relation to food and drink. At this inspection we found improvements had been made.

Throughout the inspection we saw people were asked for their consent before care was provided. For example, people were asked if they were happy to receive support with their mobility, or if they were happy to receive visitors. We observed one staff member ask a person if they were happy to accept support with their medicines and the person responded positively.

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. Staff we spoke with had a good understanding of the principles of the MCA and understood the importance of people being able to take risks and make their own informed decisions. Staff were also aware of the implications of making decisions in people's best interests. Care records we reviewed gave clear guidance to staff about people's capacity to make decisions and assessments of capacity were included to reflect specific decisions. For example, decisions about a person's finances.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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 were being met. At the time of the inspection no-one living at the home was subject to an authorisation to deprive them of their liberty. However, the provider explained how consideration had been given to ensure that people's rights and freedoms were lawfully protected and shared examples with us of discussions that had taken place with the relevant authorities to ensure people's rights were not unlawfully restricted.

People expressed positive views about the food and drink provided. One person told us, "The food here is always lovely." A relative told us, "The food looks good; [person's name] likes the food and eats well." Since the last inspection improvements had been made to menu options and people were now offered a choice of food at each meal time. We observed lunchtime and saw people received support from staff with their meals where required. Staff prompted people to eat their meal in a kind and gentle manner and encouraged people with each mouthful. Conversations took place between people and staff and the atmosphere was calm and relaxed. Where people required support to make food choices we saw staff showed them the available options to enable them to make their own decisions. During the morning people were offered snack boxes which contained fresh fruit and vegetables, which people visibly enjoyed. Cakes and biscuits

were also offered throughout the day. Staff we spoke with were aware of people's dietary needs and preferences and we saw people were offered food that staff knew they would enjoy. For example, one person was offered a larger meal size as staff knew this was their preference. Where people required a specialist diet, such as blended food, or reduced sugar, these were provided.

People expressed confidence that staff had the skills and knowledge required to meet their care and support needs. One relative we spoke with also confirmed this. They told us, "We are really happy with the home and the care they provide." Staff told us they felt the training they received equipped them for their roles. One staff member said, "We have done training, both face to face and online. I feel we are well trained." Staff told us they received an induction when they first started working at the service, which helped them to understand their role. One staff member told us, "The induction period includes shadowing other more experienced staff as well as a day spent with the manager. Skills and knowledge are then checked and signed off by senior staff or the manager." The registered manager supported staff to undertake nationally recognised qualifications, to further develop their skills and knowledge. For example, at the time of the inspection some newer staff were in the process of completing the care certificate. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. Staff told us they felt supported by the registered manager and provider and felt they had a good understanding of the standards expected by the provider.

People living at The Elms were supported to see GPs and other healthcare professionals when they needed to. One relative told us, "[Person's name] sees the GP if they need to and I know they have been seen by the physiotherapist to try and get them moving a bit more." Another relative shared, "The staff let me know if [person's name] is unwell. The doctor comes to the home regularly and they visit [person's name] if they need help." People's care records reflected how staff supported them to maintain their health and any changes to people's health were clearly documented giving guidance for staff on actions they should take. One person had been referred by staff for an audiology appointment as they had become aware of changes to the person's hearing. Staff we spoke with were aware of people's health needs and we observed them checking on people's well-being throughout the day.

Is the service caring?

Our findings

At the last inspection in July 2016 we rated the provider as 'requires improvement' under the key question of "Is the service caring?" We found improvements were required to ensure people's dignity was protected when they were supported with their mobility and personal care. At this inspection we found improvements had been made.

We found people's privacy was respected and staff understood the importance of treating people in a dignified way. People told us they felt staff treated them with respect with one person telling us, "I like staying here as the carers are caring, they make me feel comfortable." Staff were able to share with us how they maintained people's dignity while supporting them. For example, covering people with a towel during personal care and keeping doors and curtains closed. We observed staff discreetly asking people if they required support with personal care and saw that staff were also mindful of the need to allow people time on their own when they needed it. We also saw examples of staff covering people's legs with a blanket when using the hoist to ensure their dignity was not compromised.

People told us they were happy with the way staff supported them. One person told us, "You can have a laugh here, I've stayed in other care homes, but none of them are as friendly as they are here." We saw that staff talked to people in a kind and friendly way. People were confident to approach staff if they needed anything and interactions between people and staff were relaxed. One staff member told us, "We work together as a team to care for people."

Staff understood the importance of people being supported in the way that they preferred. One staff member shared with us how they were mindful of how one person was feeling emotionally, as this could affect whether the person refused their meals or not. We observed a number of caring interactions between people and staff. We saw a staff member assist one person with their glasses as they were slipping off the person's nose. The carer took the glasses away to clean them and then discussed with the person about arranging an opticians appointment to ensure the glasses were correctly fitted. A relative told us, "The carers all seem very caring." Where people had specific cultural or religious needs staff were aware of these and ensured people's needs and preferences were met. Staff shared with us examples of people being supported with culturally appropriate diets and people receiving visitors from their chosen place of worship to ensure their individual diverse needs were met.

People were involved in decisions about their day to day care and support. We observed staff asking people whether they would like to take part in activities and whether they would like to eat their meal in the dining room or the lounge. Staff told us they encouraged people to be as independent as possible and supported them to do as much as they could for themselves. People we spoke with confirmed this. One person said, "Staff ask me how much help I need with things. I try to be as independent as possible."

People's relatives and friends were invited to visit and we saw relatives were welcomed by staff who knew them by name. Staff supported people to maintain relationships with people who were important to them and when friends were due to visit the home we saw staff reminded people of their upcoming visit.

Is the service responsive?

Our findings

At the last inspection we rated the provider as 'requires improvement' under the key question of "Is the service responsive?" We found improvements were required to ensure people were offered opportunities to take part in hobbies and pastimes that interested them. At this inspection we found improvements had been made.

People spoke positively about the activities they were offered and told us they enjoyed them. One person said, "Staff know I like to knit so they bought me a book about knitting with some balls of wool. Sometimes we do exercises and also listen to music. There is a gentleman who brings his records in." Staff shared with us that a local resident had recently started visiting the home and they bought music from their record collection to share with people. This was welcomed by people we spoke with. During the inspection some people were engaged in small group activities. For example some people took part in exercises to war time music and staff encouraged people to get involved by playing instruments. The sessions were led by staff and had a light-hearted approach, we saw people taking part were laughing and smiling. Relatives we spoke with confirmed activities took place and one relative told us, "They have days where people dress up in 40's clothes; I feel they could do with having more trips out. Although I do know they have the occasional trip to the cinema." Staff told us they felt activities had improved since the last inspection as more information about people's individual interests had been gathered. Records reviewed confirmed this. One staff member said, "Activities have improved. We follow a programme, but it also depends on the day and what people want to do. We have themed days, with entertainers, as well as people who bring animals in for the residents to see. That gets a great response." We saw there were photos throughout the home of people taking part in recent activities and we observed staff looking at photos with people and reminding them of events that had taken place. Staff told us they were also planning future events, including a fundraising coffee morning.

People told us they were involved in the planning of their care and support. One person said, "I was involved with my care planning, they asked me what I would like to do and what I like to eat, things like that." Relatives also told us that, where appropriate, they too were involved. A relative said, "We [family members] were all involved in care planning." We saw there were systems in place to regularly review people's care records to ensure they were relevant and up to date. Staff were able to tell us how they would identify a change in someone's needs. For example one person's needs had changed placing them at risk of increased falls. We reviewed this person's care records and found staff had taken appropriate action in response to this and relevant professionals had also been consulted and their advice implemented.

People told us they knew how to raise concerns if they were unhappy with their care. One person told us, "I have met the owner, they come round and chat, as does the manager. I can talk to them". Relatives also knew how to raise concerns, one relative said, "The manager is usually available if I want to discuss anything". Staff were aware of their responsibilities if they received a complaint. One staff member told us, "If people aren't happy about something we try to resolve it with them straight away, anything more serious is referred to the registered manager." The provider confirmed that no complaints had been received in the last 12 months. However we found there were systems in place to ensure any complaints received were

investigated and responses provided to the complainants.

Is the service well-led?

Our findings

At the last inspection completed in July 2016 we rated the provider as 'requires improvement' for the key question, "Is the service well-led?" We found improvements were required to the provider's auditing systems to ensure issues of concern were identified and appropriate action taken in response. At this inspection we found improvements had been made.

The provider now had systems in place to monitor the quality of care provided. We reviewed records which showed the registered manager monitored accidents and incidents to identify any patterns and trends and take action where required. In their Provider Information Return (PIR) the provider told us, "We have improved our quality assurance across the home. This ensures all mandatory checks from building maintenance, infection prevention and environmental checks are completed and recorded and any concerns are acted upon promptly." Records we reviewed confirmed this was the case. The registered manager and senior staff also carried out audits in areas such as risk assessments, care planning and health and safety. Senior staff shared with us how these processes enabled them to monitor the overall quality of care people were receiving and identify areas of improvement where required. For example, one audit had identified that repairs were required to a piece of equipment used to support people with their mobility. We checked the equipment and saw that the repairs had been carried out.

Improvements had also been made to the format of questionnaires used to gather feedback from people about the service they received. We saw that feedback had been reviewed and action taken in response to any suggestions or suggested areas of improvement. For example, there was positive feedback about meals and the choices now available and where people had suggested new items of food for the home's menus, these had been made available.

People and their relatives told us they felt the home was well managed. A relative told us, "We are really happy with the home and the care they provide. The staff are all so kind and friendly and they are always polite, the management are the same." Staff we spoke with told us they enjoyed working at The Elms and felt there was a strong sense of team work amongst the staff, the registered manager and the provider. One staff member said, "I think the home is well managed, it's a combination of the registered manager and the staff team." Other staff we spoke with felt there was a good team approach to providing the care and support people needed. A staff member told us, "It's a really positive place to work; we are such a good team."

Staff told us the registered manager was supportive and was accessible if they needed to speak with them. One staff member said, "Everyone's input is welcome." Staff told us they were able to give feedback through team meetings and staff handovers as well as informally by speaking directly with the registered manager. We spoke with the provider who told us, "The registered manager and staff team have been working very hard to make improvements. Staff can contact either myself or [name of registered manager] and they do, they will ask us anything." The provider told us they were proud of the staff team and their commitment to improving the service people received, commenting, "The senior staff have been happy to take on more responsibility, this has been important in making the improvements required."

The registered manager was present in the home on a regular basis and people and relatives knew who they were. Relatives told us they could contact the registered manager whenever they needed to and were happy with the care their family members received. One relative told us, "I am happy [persons' name] is well cared for." Another relative said, "Our family member came here for a day to try it out and liked it so much they decided to stay, they had such a positive experience here." We reviewed compliments received from relatives which were displayed in the communal areas of the home. One comment read, "The staff are caring, friendly and professional."

Following the inspection visit we spoke with the registered manager by telephone to hear from them about their role in making the required improvements. The registered manager was open and honest about the improvement that had been made and was clear about their responsibilities as a registered person. We reviewed the information we held about the provider and found they had notified us of events they were required to do so by law. For example, safeguarding incidents. We also saw the provider had ensured information about the homes inspection rating was displayed prominently as required by law.