

Cumbria County Council

Elmhurst

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elmhurst is a residential care home that provides personal care and accommodation for up to 40 people. At the time of our inspection there were 27 people living at the home. The home is a purpose-built single storey building, divided into four 10 bedded units. All the bedrooms are for single occupancy and some have en-suite facilities. The separate units each have a sitting room with a dining area and kitchenette. There are gardens to the front and rear of the home.

People's experience of using this service and what we found

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. The provider had policies and procedures for safe staff recruitment and the registered manager made sure sufficient numbers of appropriately trained and skilled staff were on duty to give people the support they needed.

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. Risks to people's health and safety were assessed and mitigated and equipment maintained for safe use.

Staff assessed and reviewed people's physical, mental health and social needs and were supported with the proper and safe use of medicines. Care plans had been developed with the close involvement of the person and where appropriate their families to give a clear picture of them and their needs. People received support to maintain good nutrition and hydration in line with their personal choice.

Staff were kind and caring towards people and had developed trusting and mutually respectful relationships with them, knowing them in detail, including their histories, interests, likes and dislikes. We saw that staff treated them with kindness and compassion and made sure their dignity was maintained.

The registered manager and staff were highly responsive and creative in finding ways to involve people in the local community and to maintain and develop new interests to improve their quality of life. There was an excellent range of activities and opportunities available to people inside and outside the home. The service provided a consistently high standard of compassionate end of life care and took into consideration the needs of relatives and friends

Governance and quality assurance were embedded within the service. Staff felt valued by the management team and demonstrated high levels of commitment. The registered manager was open and transparent throughout our inspection and it was evident that the ethos of the home was to promote an open and transparent approach in all they did. The registered manager displayed knowledge and understanding around the importance of working closely with other agencies and healthcare professionals to make sure people had good care.

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

Rating at last inspection

The last rating for this service was good (Published 20 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Elmhurst

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who has used this type of service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that 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.

What we did before the inspection

Our planning considered information we held about the service. This included information about accidents and incidents the provider must notify us about, such as abuse allegations. We looked at records of complaints and how the service responded to them. We sought feedback from commissioners and professionals who worked with the service.

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.

During the inspection

We spent time in each unit and in communal areas speaking with people, observing their daily activities and staff interactions. We reviewed records relevant to the running and quality monitoring of the service and the recruitment records for staff employed since the last inspection. We looked at staff training and supervision records.

We looked at a sample of care plans and four in detail and a selection of records including, medication administration, quality monitoring records and complaints. We also checked the building to ensure it was clean, hygienic and a safe place for people to live. We spent time in each unit and in communal and dining areas speaking with people and observing their daily activities and staff interactions and meals.

We spoke with eight people who lived at Elmhurst, four visiting relatives and a visiting health care professional. We spoke with the registered manager, who was present throughout the inspection, two supervisors and three members of care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found including quality assurance records. We obtained further feedback from external agencies and health and social care professionals who came in contact with the service but were not available during the day of the inspection.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies and procedures in line with local authority guidance to protect people from harm and abuse. The registered manager reported concerns appropriately.
- Staff knew how to recognise and report abuse to help protect people and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly to keep people safe if they reported any concerns.
- People who lived at Elmhurst and relatives told us the home was a safe place to live. They told us, "This is the safest place for me. The staff can't do enough for you. It is one of the reasons I came in here" and "Oh yes, perfectly safe! They [staff] pick up if you are anxious".

Assessing risk, safety monitoring and management

- The provider had systems to identify foreseeable risks and protect people from avoidable harm. Accidents and incidents were recorded by the registered manager. These were analysed for trends and themes so they could reduce risks to people.
- Staff completed and reviewed risk assessments to identify risks to people's health, welfare and safety. This included, people's medicines, any dietary, nutritional or swallowing risks, falls, mobility and risks in the home environment. Everyone had an individual personal emergency evacuation plan to show how they should be helped from the building in the case of an evacuation being necessary.
- Records showed that systems and equipment had been serviced under contract or in accordance with manufacture's recommendations. A range of visual checks were made to ensure emergency equipment was fit for use.

Staffing and recruitment

- The provider had policies and procedures in place to support safe recruitment. The registered manager had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- The registered manager used a 'dependency toolkit' and a recognised assessment tool to highlight the needs of the service users and help determine staffing levels. They made sure sufficient appropriately trained staff were on duty throughout the day and night to make sure people received the support they required. There was an on-call system to access management support during the night and outside normal working hours.
- People told us there were enough staff available to assist them when needed. They told us, "I would say there are enough, they have some good chaps here" and "I am happy with the staff."

Using medicines safely

- Medicines management was safe and relevant staff had undertaken training in medicines administration.
- Arrangements were in place for the checking in, return and safe disposal of medicines and excess stock was kept to a minimum. Quantities of medicines were being carried forward for stock monitoring.
- We looked at the handling of medicines liable to misuse, called controlled drugs, and found these to be safely managed and stored. Regular checks and audits took place of the medicines system to make sure it continued to be managed in a safe way.
- People told us they always received their medicines on time and one commented "They are pretty good with my medication."

Preventing and controlling infection

- The environment was well maintained, clean and hygienic throughout. People and their relatives commented positively on the cleanliness. One comment was, "It's clean, friendly, light and airy with caring, competent and friendly carers."
- Staff were trained in and followed infection control practices, by wearing gloves and aprons when providing personal care. Audits were carried out on infection control procedures and hand washing techniques.

Learning lessons when things go wrong

- Medication audits had highlighted the need for more detailed information or 'protocols' for the administration of 'as required' medicines. We saw action had been taken to make sure the prompts and protocols were detailed and used to make sure people only received the medicine when they needed it.

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 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

- Senior staff assessed people's needs before they came to live at Elmhurst to make sure they could meet them. Protected characteristics were incorporated into people's overall assessments and where appropriate acted upon.
- Appropriate, clinically accepted tools were used to make the assessments of need and risk. Staff reviewed and updated these to reflect people's ongoing health and social care needs.
- The registered manager was implementing the NICE guidance on 'Oral health for adults to make sure people's oral health was promoted.

Staff support: induction, training, skills and experience

- Staff were well supported to develop and maintain the required skills and expertise to support people effectively and safely. They told us they had received induction, had regular supervision and ongoing training to carry out their different roles.
- People who lived there and relatives made positive comments about staff skills and knowledge. People commented, "Up to now I do [think they are well trained], I have confidence in them" and "Oh yes, they [staff] are very knowledgeable."

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

- Staff supported people to have a nutritious and varied diet in keeping with their health needs, personal and their cultural preferences.
- People had their weight monitored for changes and referrals had been made promptly for advice and support from the GP and dieticians when needed. Difficulties in swallowing had been assessed and staff followed the advice of speech and language therapists to maintain effective nutrition.
- People told us they enjoyed the meals provided. We were told, "The food is alright, well very good actually. They know what food I cannot eat but there is always plenty to eat."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked collaboratively with other agencies and professionals and made referrals appropriately so people could access the healthcare and treatment they needed.
- Information about visits was in people's care plans, including the mental health team, speech and language therapists, chiropractors, specialist and district nurses.

Adapting service, design, decoration to meet people's needs.

- The environmental changes and upgrading that had taken place had been planned and designed in line with accepted best practice to make the home an enabling environment.
- The environment supported the different physical needs of people living with dementia and promoted their independence. For example, there were automatic sensor lights that activated as people moved around the home and appropriate signage to support people to orientate themselves.

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.

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.

- We saw evidence of MCA assessments taking place and where a person was found to lack capacity to make a decision the best interest's decision-making processes were followed. Relevant family, representatives and professionals were involved in the process.
- The registered manager completed DoLS applications when required and kept a record of those awaiting authorisation. Conditions applied to authorisations were included in how care was planned and delivered.

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 now 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

- We saw staff were kind and compassionate and had formed positive relationships with people and knew them well.
- Consideration was given to the Equality Act 2010. The registered manager followed equality and diversity policies and procedures. They made sure people's human rights, life style choices, religious and cultural diversity were respected and reflected in the care they received.
- We saw staff speak to people politely and with patience, allowing them time to respond. People were clearly comfortable with the presence of staff members and we noted a lot of warm and friendly interactions on all the units. People and their relatives spoke very positively about the staff and their care. They told us, "You can't fault them [staff]" and "Definitely, they [staff] are very caring."

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

- We saw staff respected people's individual choices and care plans contained information about their preferred daily routines and lifestyle choices. Staff had training in protecting and promoting individual rights.
- People told us staff are always polite and were willing to listen, and help, if they had a problem. We were told, "I tell them what to do sometimes and they always listen and do what I tell them" and "They always ask before they do anything." We observed people were treated very much as individuals and made their own choices about how they wanted to spend their time.
- Where necessary, independent advocacy could be arranged for those who needed assistance expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- The staff supported people to maintain their independence. Care records included information about the tasks people could carry out themselves as well as detailing the level of support they required.
- People were encouraged to be as independent as they could be. Staff were clear about the importance of making sure people retained their independence and attended to their own care where possible. Relative's told us, "Yes, they do, [support independence] their mobility is poor but they [staff] encourage [relative] to do as much as they can for themselves" and "Since [relative] has been here their physical and mental health has improved immensely."
- The staff took appropriate actions to maintain people's privacy and dignity. People told us staff respected their privacy and maintained their dignity during personal care. We saw doors to bedrooms and toilets were

kept closed when people were receiving personal care. We observed staff knocked on people's bedroom doors and waited for a response before entering.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Considerable work had been done to establish people's interests, preferences and goals and incorporate these into planning care and support. Consistent effort had gone into establishing the home as a part of the local community through involvement in social groups, schools and community activities.
- One initiative to provide meaningful and inclusive activities was the home's 'blooming marvellous' gardening club'. This had been set up with the support of local gardening and allotment groups and the club had won an award for their new garden. The home was part of the local 'healthy towns' initiative as their town sought to become an officially recognised 'Healthy Town'. The registered manager and staff worked in partnership with the local leisure centre, Age UK, the local food bank, town council, library and other community-based groups to establish the home within the life of the community and use their facilities. This allowed people living at Elmhurst to make a contribution, to share their knowledge and pool resources in support of their town and community.
- Relatives comments were consistently positive about the effect taking part in different activities had on people. They told us, "There are lots of activities going on. They have meals out, playgroups come in and they have even had alpacas here! I went with them Christmas shopping, a few relatives went. They will be taking them out to a Christmas Carol service" and "They [staff] also include us for the coffee mornings; there is one planned for a week on Saturday. On Halloween they had children come in, with their parents, but the home was so welcoming. They laid on transport to take the residents to the Dickensian Christmas Fair. The whole thing is just amazing."
- Staff worked with people to empower them to continue past interests and develop new ones. For example, one person found it hard to settle in when they first arrived at the home. Staff took the time to get to know them and find out more about their past interests and what they found most rewarding and meaningful to do with their time. As a result of meaningful engagement in outdoor and spiritual activities they achieved personal goals and a renewed sense of purpose to the extent they did not need as much medication or support from the community mental health team.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager and staff created a very person-centred culture to make a relaxed and supportive home for people and provide support tailored to people's individual needs, abilities and choices.
- Professionals were highly complementary about the responsiveness of the staff team and confirmed staff were able to discuss people's needs in depth as staff knew their needs well. One commented to us, "I always find Elmhurst willing to go the extra mile and think creatively with regards to people's care planning."

- The service had made good use of technology to improve people's lives and reduce risk. Nurse call systems alerted staff if people at risk of falls were trying to mobilise unaided. The system also triggered lights to support people to maximise their independence but receive assistance and help reduce the number of falls.
- Dedicated dementia care trained facilitators delivered 'living well with dementia' training which raised staff awareness to improve understanding of what it may be like living with dementia.

End of life care and support

- People were supported to have a peaceful and dignified death and deal with loss and the bereavement process when needed. Staff had completed training at the local hospice on end of life care and advanced care planning and understood the importance of supporting people's emotional and spiritual wellbeing.
- The registered manager and staff worked with local GPs and district nurses to make sure appropriate care and symptom control was provided as a person approached the end of life. Professionals involved told us the staff worked well with them to provide a high standard of care.
- Staff had received several compliments about the quality of the end of life care they provided. If people were approaching the end of life their families were supported to stay for as long as they wanted and be with their loved ones. Meals and drinks and 'comfort bags' were available for them with a few home comforts to use if they wished.

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.

- Staff assessed people's communication needs and supported them to communicate in the way they preferred and found easiest about what they wanted in their home and outside it.
- People could have care plans, service user guides and statement of purpose in a different format if they wanted. The electronic care planning system also allowed information to be printed in large print if requested.
- The registered manager and staff had worked with the blind society during the past year getting support for a person with severely impaired eyesight and with access to talking books. The home could also access the local multi-cultural society office if needed and provide all documents in different formats or get an interpreter.

Improving care quality in response to complaints or concerns

- Complaints and concerns were well managed. The provider had a clear complaints procedure and a process for the recording and monitoring of complaints or concerns raised. There had not been any recent complaints.
- People who lived in the home had good relationships with staff and had spoken with them when they were concerned or anxious. People and relatives said they knew how to make a complaint but felt they would just talk to the registered manager or staff if they were unhappy.

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

- We found a positive culture within the service that was person-centred and inclusive. Staff told us they had confidence in the registered manager, whose "Door is always open."
- The registered manager provided strong leadership. People, relatives, staff and health professionals told us the service was well managed. A relative told us, "She [registered manager] is doing an incredible job." A professional commented, "I have never had concerns about care here, the manager is very good, very open and approachable."

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 understood their role and legal responsibilities in relation to the duty of candour. They notified CQC of significant events and displayed the previous CQC rating prominently.
- The registered manager was open and transparent throughout our inspection and made clear their position was to promote an open and transparent approach in all they did. Relatives confirmed they were kept informed about any changes affecting their family member, changes in the home and had their questions answered.
- Staff understood the importance of reporting accidents, incidents and changes in people's mental and physical health and of keeping families informed. This indicated that the principles behind a duty of candour were recognised and valued within the service's culture.

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

- The registered manager's monitored service provision and quality and sought people's views formally and informally to make changes. The management and staff clearly understood their responsibilities and accountability for their actions.
- The registered manager had maintained and improved their approaches and practices in the home relating to person centred care and providing meaningful activities and community involvement. High standards had been sustained in these areas and further improved upon to have a consistently positive impact on people and their lives. This demonstrated management that was forward thinking and placed people at the centre of the life of the home.
- The registered manager kept herself up to date with current best practice and the latest developments in care for both older people and people who were living with dementia. The registered manager was keen to

ensure that the care delivered was based on evidence based best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager was responsive to people's diverse needs and wishes. People, relatives and professionals were given the opportunity to give their feedback on the service on an informal daily basis, at home meetings, during care reviews and using formal surveys.
- There was close working with local health services and the Care Home Education and Support Service team. This team provides a combination of education and practical support to care homes. They held clinics at Elmhurst and provided staff training. Integrated Care Community staff visited weekly to support the home and help reduce the need for hospital admissions.
- Health and social care professionals confirmed strong and effective relationships with them to ensure co-ordinated care and support. Their feedback emphasised the positive impact of the good communication within the home and keeping regular contact. We were told staff were "Good at reporting" and "Very prompt" in making referrals.