Oswald House Care Home Limited

Elmcroft

Inspection report

75 Washington Crescent
Newton Aycliffe
County Durham
DL5 4BE

Website: www.oswaldhouse.co.uk

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27 January 2016
22 February 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 January and 22 February 2016. We gave the provider 48 hours' notice for this inspection to make sure someone would be available at the service.

Elmcroft provides care and accommodation for up to 3 people with a learning disability. On the day of our inspection there were 3 people using the service.

The home had two registered managers in place, who were responsible for the five locations owned and run by the provider. 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.

Elmcroft was last inspected by CQC on 25 June 2014 and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and analysed for any trends. Risk assessments were in place for people who used the service and staff. People were protected against the risks associated with the unsafe use and management of medicines.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue training. Staff received regular supervisions. Appraisals were overdue however a new process had recently been implemented and appraisals were planned.

The provider was working within the principles of the Mental Capacity Act and was following the requirements in the Deprivation of Liberty Safeguards.

Care records contained evidence of visits to and from external health care specialists and people were supported to maintain a healthy diet.

People who used the service, and family members, were complimentary about the standard of care at Elmcroft. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into Elmcroft and care plans

were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, and family members, were aware of how to make a complaint however there had been no formal complaints recorded at the service since September 2014.

The service regularly used community services and facilities and had links with other local organisations. Staff felt supported by the manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

The registered managers were aware of their responsibilities with regard to safeguarding the people who used the service and staff were suitably trained in safeguarding.

Accidents and incidents were appropriately recorded and risk assessments were in place for people and staff.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions however appraisals were overdue.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into Elmcroft and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider gathered information about the quality of their service from a variety of sources.

Staff told us the management team were approachable and they felt supported in their role.

The service had links with the local community.

Elmcroft

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 27 January and 22 February 2016. One Adult Social Care inspector took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and social workers. No concerns were raised by any of these professionals.

Before the inspection, the provider completed 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 used this information to inform our inspection.

During our inspection we spoke with three people who used the service and two family members. We also spoke with the two registered managers, the deputy manager and five care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of people and their interactions with staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Elmcroft. They told us, "Yes [Name] is safe. He's protected well from both a physical point of view and a medical point of view" and "Yes, we know [Name] is safe".

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with one of the registered managers and looked at staff rotas. Elmcroft was staffed 24 hours per day by one member of staff, when people were in the house. Staffing for the provider's five locations was managed from Oswald House and all the locations were a short distance from each other. All staff started and finished the day at Oswald House, where briefings were carried out before staff commenced work at their location. The service had access to agency staff if required however the registered manager told us they had never needed to use them. They also told us the permanent staff were flexible and covered any absences. Staff were given their rota four weeks in advance and were able to request days off and preferred shifts, which were taken into account when the rotas were prepared.

We asked staff about staffing levels at the service. They told us there was always sufficient staff to allow flexibility if people wanted to go out accompanied by staff. People who used the service and family members did not raise any concerns about staffing levels or the competency of staff. This meant there were enough staff with the right experience and skills to meet the needs of the people who used the service.

The home is a terraced house in a residential area of Newton Aycliffe. The home was clean, spacious and suitable for the people who used the service. We saw a copy of the cleaning rota, which included daily tasks to be carried out around the house. We saw the people who used the service assisted staff with these tasks and were encouraged to keep their home clean and tidy.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments were up to date and included fire safety, bathing and showering, leaving the house, safety in the kitchen, being safe and well at home and managing finances. Each risk assessment described the activity, factors that may increase the risk and agreed risk reduction measures. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to

date. Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place, fire alarm tests were carried out weekly, firefighting equipment was checked regularly and emergency plans were in place for the evacuation of people from the premises. Some of the people who used the service were involved in carrying out the checks.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Staff were suitably trained in safeguarding. We saw a copy of the provider's safeguarding policy and looked at the statutory notifications file and saw records of incidents that had been appropriately recorded and notified to the relevant authorities. We found the provider understood the safeguarding procedures and had followed them.

Accident and incidents records were kept in people's care records and detailed where and when the incident occurred, who was involved, whether there were any injuries and what the outcome was. A central accident book was kept, which was used to carry out analysis into any trends and both registered managers had attended falls management training to help them identify and manage any future issues.

We looked at the management of medicines and although we did not observe medicines being administered we saw appropriate arrangements were in place for the administration and storage of medicines. Medicines were stored in a locked cabinet in the staff room. One person could administer their own medicines and had a self-administration of medicines risk assessment in place. This explained how the person was supported to take their own medicines. The medicines were supplied in a dossette box, which staff checked regularly to ensure the medicines had been taken. People had signed consent forms for prescribed medicines.

We looked at Medicine Administration Records (MAR) and saw a record for each person who used the service, which included a photograph of the person, details of the person's GP, any sensitivities or allergies and list of all prescribed medicines, including dose and frequency. All the MARs we saw were up to date and signed. We also saw PRN, as required, medicines records, which included date and time administered, any comments, stock amount and staff signature. Medicines audits were carried out once per week, stock was checked and the audit signed by the member of staff on duty. This meant people's medicines were kept safe and the provider ensured there was a sufficient stock of medicines.

Good

Is the service effective?

Our findings

People who lived at Elmcroft received effective care and support from well trained and well supported staff. Family members told us, "Nothing but praise", "Staff are approachable and they've always communicated well", "It is fantastic", "[Name] is happy and happy with the staff".

We looked at the provider's training report, which showed whether staff training was in date, due for renewal or overdue. Most of the training was in date and where training was due or overdue, we saw the training was planned and a course availability list was posted on the office wall. One of the registered managers told us staff were informed they had to be fully up to date with all their training by 31 March 2016 and we saw staff meeting minutes which confirmed this. Mandatory training included first aid, moving and handling, safeguarding, fire safety, food hygiene, health and safety, infection control, safe handling of medicines, positive behaviour support, mental capacity, nutrition and equality and diversity. We saw copies of training certificates, which confirmed the training recorded on the training report had taken place. Staff we spoke with told us their training was up to date. One staff member told us, "You are not suffocated but if you want it, just ask for it."

New staff completed a 12 week induction programme, which involved an introduction to the service and its policies and procedures, and the completion of mandatory training. One of the management team observed the new member of staff in the role and signed off each element once completed. Progress reviews took place after one, four and 12 weeks. New staff were also enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff told us they received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw some of these supervisions were formally documented and included discussions regarding working patterns, care plans, training, security and new residents. Other supervisions were less formal and involved a discussion between the supervisor and member of staff. Each member of staff was allocated to one of the registered managers or deputy manager, who carried out their supervisions. Staff appraisals had not been carried out recently at the service. We discussed this with the registered managers who told us a new process had been implemented where the management team would discuss a member of staff's appraisal and then invite the staff member to attend the meeting. We saw a copy of the most recent staff meeting minutes where appraisals had been discussed and staff had been informed of the new process.

The service had a staff communication book that all staff were required to read prior to commencing their shift. This provided information and updates such as any health concerns or appointments for people who used the service, reminders to staff to read the minutes from staff meetings and general guidance provided by the registered managers and deputy manager.

People had access to their own kitchen and were supported by staff in making healthy choices regarding their diet. We observed staff making lunch and asked people what they wanted. The staff member said, "Something healthy?" and people were given a choice. The provider had a system in place to weigh people

who used the service every month and each person had an individual weight chart. We saw there were some gaps in the weight charts however we discussed with staff that although people were encouraged to be weighed, it was the person's choice whether they were weighed or not. Consent forms for being weighed were in place and the ones we saw had been signed by the person who used the service.

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw copies of applications that had been submitted to the local authority to deprive people of their liberty. This meant the provider was following the requirements in the DoLS.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, nurses, opticians, psychologists and social services. Each care record contained a 'My preferences' survey. This asked the person who used the service what their preferences were with regard to health appointments. For example, whether they preferred male or female staff support, whether they were anxious about particular treatments and examinations, or about providing a blood sample. We saw these records were signed by the person who used the service.

Alternative strategies were in place for people who had difficulties with communication. For example, one person had an electronic tablet which was pre-loaded with menus and health care information and venues, so the person could communicate by using the images on the tablet. This meant staff were able to communicate with the person using visual prompts and the person was able to demonstrate their choices to the staff.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care at Elmcroft. We asked people whether they were well cared for. They told us, "Yes" and the staff were "Nice". Family members told us, "We are more than grateful with the way [Name] has been looked after", "[Name] is cared for with a capital C" and "It's well above and beyond. You can't put a price on it".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. Staff knocked before entering the house and shouted to let people know who it was. All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

People's care records showed that privacy was respected and independence was promoted. For example, "[Name] does not like staff going in to their room to wake them up. [Name] prefers staff to just pop their hand in the door and put their bedroom light on", "[Name] can walk independently to the local shop." People who used the service were provided with mobile phones so they could stay in touch with staff when they were out in the community.

We asked family members whether staff respected the privacy and dignity of people who used the service. They told us, "Yes they do. It's one of the nice things about them. They look at [Name] as an individual human being" and "They have the greatest respect for [Name]". Family members also told us that people's independence was promoted. This meant that staff respected people's privacy and supported people to be independent.

We saw people's rights were respected. For example, in the staff communication book it was recorded that for some people weight increases were becoming an issue. The deputy manager had informed staff, "Whilst we must protect the resident's right to choice, we are obligated to offer guidance." Examples were suggested such as smaller bags of snacks and low fat dips instead of high fat equivalents.

We asked permission to see peoples' bedrooms and saw they were individualised with the person's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms and pictures of things that were important to the person, for example, one person liked super heroes. A staff member told us, "It's their home at the end of the day" and "Whatever they want, we do our utmost to get them it. If anything breaks, it is fixed or replace immediately".

Information on advocacy was made available to people who used the service. Advocacy means getting support from another person to help people express their views and wishes, and to help make sure their voice is heard. This included contact details for people who could act as advocates, for example, independent mental capacity advocates (IMCA) and independent mental health advocates (IMHA).

End of life plans were in place for two people who used the service. Discussions had taken place with the

people and family members to ensure that people's final wishes could be met. This meant people were able to influence how they wanted to be cared for towards the end of their life and relatives could be reassured they were carrying out the person's wishes.

Good

Is the service responsive?

Our findings

The service was responsive and people received the care they needed at Elmcroft.

One of the registered managers told us they were in the process of changing the care records to a new format. They told us this was in response to feedback received from new members of staff regarding the format and content. The registered manager told us it would make the care records easier to navigate and easier to find out important information about the person staff were supporting. We looked at old and new versions of the care records. All the records we saw were up to date and regularly reviewed.

People's needs were assessed before they moved into Elmcroft. This ensured the home knew about people's needs before they moved in. Care records included a personal details sheet, which included details of the person's religion, GP, next of kin, key worker and other health and social care professionals involved with the person.

We saw detailed care records had been written in consultation with the person who used the service and their family members, and included important information about the person, what they liked to do, what was important to them and how the person wanted to be supported. Guidance was provided for staff to prompt people to carry out aspects of their personal care, for example, "I manage all of my personal care needs but sometimes need prompting to shave properly, look after my dentures and change clothes." Another person was able to take care of their own personal hygiene however would often rush and not do things properly. Staff were advised to prompt the person to slow down when carrying out this task and were informed of the reason, for example, "Prompts, encouragement and reassurance will help to alleviate any negative reactions which may upset [Name] and lead to stress." We found each person's care plan was different and pertinent to their needs.

One person who used the service had a very strict routine as any changes to their routine could cause anxiety. The person had a 24 hour care plan in place for each day of the week, detailing their routine from getting up in the morning to going to bed at night. Risk assessments were in place where relevant to support the care plans. All the records we saw were up to date and regularly reviewed although some historic information had been crossed out and had handwritten updates written on the back of the sheets. We discussed this with one of the registered managers who told us these records were in the process of being converted to the new format.

Detailed daily notes were recorded for each person and provided updates on the person's health, diet and nutrition and activities. For example, "Day care at Oswald House. Visited library. Enjoyed their evening at Options. Helped to select menus for the next four weeks."

The provider ran their own day care provision for people who used the service, which was managed by the deputy manager. This was held at Oswald House but external activities were arranged on a regular basis such as shopping trips and visits to the library, cinema and bowling alley. People were surveyed or spoken with about what they would like to do and preferences were taken into account. Activities were usually

planned four weeks in advance and people from one of the locations often went out with people from other locations owned by the provider if they had a similar preference. Some of the people visited community centres and other day care facilities. This meant people were protected from social isolation. One person enjoyed going to watch the horse racing and this was planned for them. Every year people who used the service went on holiday with staff to the Lake District. During this period, the provider arranged for maintenance and decorating to be carried out at the five locations. This meant people's lives were not disrupted during a time of upheaval in the home.

The service had its own private Facebook group, which was monitored by management, and all the people who used the service had access and had attended an Internet and social media safety course. People and staff uploaded photographs and videos of activities, birthdays, excursions and other events to the Facebook group page.

The service had a 'Comments, complaints and suggestions' policy in place. This provided information on the procedure to be followed for oral and written complaints. No formal complaints had been recorded at the service since September 2014. We saw from the minutes of the most recent meeting for people who used the service that complaints had been discussed and people were informed of how to make a complaint. None of the family members we spoke with had any complaints about the service. They told us, "We are extremely happy. No complaints". This showed the provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had two registered managers in place, who managed all five of the provider's locations. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "[Registered manager] is always happy to talk to me if there are any problems. He returns the call as soon as he can" and "It feels like a family run organisation". Staff told us, "I love it. It's worlds apart from my previous job", "It's incredible, a different world" and "It's not like going to work, it's like going home".

Staff we spoke with felt supported by the manager at Elmcroft and told us they were comfortable raising any concerns. Staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff meetings, which took place regularly. The most recent meeting had taken place on 10 December 2015, with 12 members of management and staff in attendance. The meeting agenda included basic standards of care, feedback from surveys, staffing, emergency planning, transport, documentation, appraisals, training and health and safety issues.

Staff surveys took place, based on the five CQC key areas, and analysis was carried out on the findings. For example, under Well-led staff were asked whether they were consulted, supported, encouraged to raise concerns, and whether the management were competent and respected by staff. Almost all the responses to these questions were answered "Strongly agree" or "Agree".

The service had links with the local community and accessed several community venues, including a local church hall, community day services, library and a local café where people who used the service worked.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Care plans were regularly audited and up to date. One of the registered managers told us this task had been delegated to individual key workers. One of the management team would then carry out an audit of the records prior to staff meetings, where any issues could be discussed. Health and safety and environmental audits were carried out regularly and checklists were completed daily, including checks of the kitchen and bedrooms.

Elmcroft was checked by one of the management team on a daily basis to check the premises and environment, and talk to people and staff however these visits were not formally recorded. The provider had recently purchased a new quality management system, which included care planning, health and safety, human resources, medicines management and quality assurance. This was not yet in use. We discussed this with the registered managers who told us they had identified a need for a more formal auditing process and one of the reasons for the recent recruitment of two new senior care workers was to give the management team more time to spend on quality management.

People who used the service were regularly asked their opinions on the service via meetings and surveys.

People who used the service also had access to electronic tablets and mobile phones and contacted the management team via messages and social media. Surveys had taken place in 2015 to gather feedback relating to the day care provision and the food and menus at the service. Family members told us they were invited provide feedback on the quality of the service via surveys and meetings.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.