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# Elm Tree House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Elm Tree House is a residential care home for up to nine people. The home specialises in the care of adults who have long term mental health difficulties. Some people using the service were relatively independent whilst others required full support to meet their personal care needs and to access the community. At the time of the inspection there were nine people living at the home.

At the last inspection in September 2015, the service was rated Good

At this inspection we found the service remained Good.

Why the service is rated good.

People felt safe at the home and with the staff who supported them. There was a robust recruitment process which minimised the risks of abuse to people. One person said, "No one here would harm you." There were enough staff to safely assist people with their needs and support them to make use of community facilities.

People received their care and supported from staff who were well trained and skilled in recognising changes in people's health and well-being. People were supported to manage their own health and staff assisted people to attend appointments. One person told us, "They help me at appointments because I don't always understand things." People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who understood their needs and were non-judgemental. People said they were able to talk to staff because they were patient and kind. One person told us, "I talk to staff when I'm worried. It helps a lot." Staff respected people's privacy and dignity and spoke with people in a respectful manner.

People received care and support which was personalised to their individual needs and choices. People were able to follow their own routines and make decisions about their care. Staff adapted the care they provided to meet people's changing needs. People knew how to make a complaint and said they would be comfortable to do so. One person said, "Where I've had complaints they have been sorted out with no bad feelings on either side."

People benefitted from a provider and registered manager who were approachable and listened to the views of people who lived at the home. There were informal and formal quality assurances systems which helped to make sure the home continually improved the care provided to people and maintained their safety.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remains Good       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good   | <b>Good</b> ● |

# Elm Tree House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 4 October 2017 and was unannounced

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in September 2015 we did not identify any concerns with the care provided to people.

At the time of our visit there were nine people at the home. We spent time observing care practices and interactions between staff and people who lived at the home.

We spoke with six people, three members of staff and the registered manager. Before the inspection we received feedback from two health and social care professionals. We looked at records which related to people's individual care and to the running of the home. These included three care and support plans, three staff personnel files, records relating to the quality monitoring, minutes of meetings and records of medication administration.

# Is the service safe?

## Our findings

The service continued to be safe.

People felt safe at the home and with the staff who supported them. One person told us, "Staff are extremely nice. I feel safe with them." Another person said, "No one here would harm you."

People who lived at the home had long term mental health needs and could, at times, display behaviour which could put themselves or others at risk. Risk assessments were carried out to enable people to take part in activities and receive care with minimum risk to themselves and others. For example, one person found it difficult to share the kitchen with other people and so a control measure that enabled them to have sole use of the kitchen at specific times had been agreed with them. Another person had difficulty with road safety so staff accompanied them when accessing the community. This person told us, "Oh yes someone comes with me to the shop but I do my own shopping." There were also risk assessments which took account of people's possible vulnerability when accessing community facilities. Risk assessments were regularly reviewed to make sure they were reflective of people's up to date needs.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure in place. They carried out appropriate checks on new staff which included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff files seen confirmed staff did not begin work until all checks had been undertaken.

People were further protected from the risks of abuse because staff had received training about how to recognise and report any suspicions of abuse. Staff we spoke with had a clear understanding of abuse and told us they were confident that any issues reported would be responded to promptly to make sure people were safe. The provider told us in their PIR that the home had a safeguarding champion who provided regular up-dates to other staff. We saw that the safeguarding champion posted information on the staff notice board each month. This helped to keep safeguarding at front of staff's minds and ensure they had up to date information.

Everyone agreed there were adequate numbers of staff available to them to assist them with their day to day care, listen to any concerns and support them to take part in social activities. One person said, "I can't fault the staff. They always take time to listen to you if you are worried or stressed." During the inspection we saw staff spend time chatting to people and supporting them to go out.

People were supported to take prescribed medicines at the correct time because staff had received training in the safe administration of medicines. They had also had their competency to carry out the task assessed to make sure their practice was safe. One person said, "Tablets keep me well. I have three different tablets, staff look after them."

Some people had begun to administer their own medicines and checks were carried out to make sure they

did this safely. One person had expressed a wish to self-administer their medicines and staff were working with them to achieve this goal. The registered manager had made a book with pictures of each tablet and a simple explanation of what the tablet was for. They had also provided the person with an alarm which sounded when it was time to take their medicines. The staff went through the book at the correct times with the person to help them to begin to understand when to take each medicine. They told us, "I'm learning the tablets. They talk me through them."

# Is the service effective?

## Our findings

The service continued to be effective.

People received their care and support from staff who were appropriately trained to make sure they had the skills required to carry out their role and effectively support people. There was an induction programme for new staff which included an introduction to the home and completion of the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. There was an ongoing programme of training which made sure staff received regular training about health and safety issues and subjects relevant to people who lived at the home. One member of staff told us, "If there's anything you want training on they will arrange it."

People were happy with the staff who supported them and felt they received care that met their needs. One person told us, "Staff help me a lot. Staff understand me and give me freedom."

Staff demonstrated a good knowledge of each person and their needs. They had the skills required to recognise if people were becoming unwell and may need additional support. Health and social care professionals who provided feedback said the staff worked well with other professionals to make sure people received the help and support they required. One said that when one person had become mentally unwell the staff had quickly involved other professionals to make sure they had the right support and treatment. They felt the ability of the staff to recognise signs that the person's mental health was deteriorating, and their prompt action, had avoided a hospital admission for the person.

Staff supported people to manage their own health to improve their quality of life. One person told us, "I get angry sometimes but I've learned not to retaliate. I feel calmer nowadays." Another person told us they suffered from stress and said they were taking part in a six week stress management course. They said, "I also go for a full body massage which helps too."

People's physical health was also monitored and staff assisted people to access healthcare professionals such as doctor's, opticians and dentists, according to their individual needs. One person told us, "They will take you to appointments, they are good like that." Another person said, "They help me at appointments because I don't always understand things." Where people had specific physical healthcare needs, such as diabetes, the registered manager had made sure staff had the appropriate training required to support people.

Some people shopped for and cooked their own meals and others had their meals prepared and cooked by staff. One person told us, "Staff cook quite nice food." Another person said, "Most of the time I cook my own meals. I like to cook." Some people had fridges and kettles in their rooms which enabled them to make hot drinks whenever they wished and other people had access to the home's kitchen.

Where there were concerns about a person's nutritional intake full assessments were carried out and advice

was sought from relevant professionals. One person had lost weight and staff had ensured they were seen by their GP and a speech and language therapist to make sure they had the support they required. It had been recommended that this person had a pureed diet, a specialist chair to aid their digestion and food supplements. All these recommendations had been put in place and records showed the person's weight was increasingly slightly.

Staff had received training and had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One care plan we saw showed a person's capacity to make specific decisions had been assessed and there were records of where decisions had been made in the person's best interests. This included the use of specific equipment to promote their well-being.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) Where people required this level of protection to keep them safe the registered manager had made appropriate referrals to make sure people's legal rights were protected.

# Is the service caring?

## Our findings

The service continued to be caring.

Elm Tree House was a small home which provided a homely family type environment for people. One person said, "I want this to be my last place. It's my home." Health and social care professionals told us they were always made welcome at the home and found staff to be very friendly and approachable.

People were cared for by staff who understood their needs and were non-judgemental. People said they were able to talk to staff because they were patient and kind. One person told us, "I talk to staff when I'm worried. It helps a lot." Another person told us, "They help me to be calm and so most of the time I'm happy."

People said staff were always kind and caring towards them. One person told us, "I like it here because people are always nice to you. They understand me." Another person said, "Staff are kind to me." One member of staff said, "Everyone is different. They just are who they are."

Throughout the inspection we saw and heard kind and caring interactions between people and staff. Some people enjoyed a joke with staff and there was laughter and good humoured banter which helped to create a happy relaxed atmosphere.

The staff supported people to keep in touch with friends and family. One person said the staff helped them to visit their friend and their friend was able to visit whenever they wanted. Some people had lived at the home a number of years and had built relationships with other people at the home. The registered manager told us one person had moved to a more appropriate care setting when their physical health meant they were unable to manage the environment. We were told that they supported another person, who still lived at the home, to visit to enable them to maintain their friendship.

People's privacy and dignity were respected and people were able to spend time in their personal rooms whenever they wanted. People's rooms were their private spaces and staff respected people's privacy. Two people had chosen to share a room but all other rooms were for single occupancy. People were able to lock their bedrooms if they wished to. People had personalised their rooms to reflect their tastes and individuality. One person said, "My own little calm place. I'm sometimes not in a good mood so I stay away from everyone. That's good for me."

People were involved in decisions about the care and support they received. Each person had a keyworker who regularly discussed their plan of care with them and made sure it was reflective of people's needs and wishes. One person said, "I have talked with [registered manager's name] about everything. She is helping me with what I want." Care plans that we looked at had been signed by people living at the home to show they understood and agreed with their plan of care.

Care plans contained basic information about people's end of life wishes to make sure staff had information

about how and where people wished to be cared for at the time. Records also gave information about what they wished to happen after their death and some people had funeral plans in place.

## Is the service responsive?

### Our findings

The service continued to be responsive.

One health and social care professional told us they felt the staff provided a very person centred service to people. They said this had resulted in the person they had placed at the home becoming part of the community and having a 'Really good quality of life.'

People said they were able to please themselves about their daily lives and were able to be as independent as possible. One person told us, "I get up at various times. There are no rules here." Another person said, "You can do as you like. I stay up as late as I please." Staff respected people's choices which helped people to maintain control over their own lives. For example, one person chose not to take prescribed medicines and staff respected their right to refuse.

People were enabled to follow their own routines because staff adapted their care around their chosen routines. For example, people had different wishes regarding the timing of meals and therefore people were able to have meals at times of their choosing.

Where people required a more structured routine to keep them well, staff helped them to maintain this. One person showed us their written routine which was on their bedroom wall. They said, "This is me, this is my day." Another person gave us a detailed account of what they did each week and commented, "I never go out in the afternoons." Staff we spoke with were familiar with people's needs and routines and worked in accordance with them to help people to make choices and to reduce anxiety for some.

People's care and support was planned in partnership with them and changes were made according to people's changing needs and wishes. Each person had a care plan which clearly set out their current needs, wishes and risks. These care plans were regularly reviewed and up dated to make sure people received care and support which met their up to date needs.

A number of people had been at the home for some of years and their physical and mental health needs had changed as they aged. Staff responded to these changes to make sure they continued to receive appropriate care. For example one person had a number of falls and the registered manager had changed staffing levels at night to make sure they could be checked frequently to ensure their safety. They had also put equipment in place to enable them to be as independent as possible. Another person had experienced memory difficulties and staff had helped them to make a memory box which contained important things that they wished to remember. This person showed us the box and said, "My happy memories are in this box. I can get them out whenever I want."

Staff promoted people's independence and provided support for people to access the community according to their needs and abilities. Some people were able to access all community facilities without staff support and others required assistance to do so. People told us they went out shopping, to social clubs and used community facilities. One person said, "Staff run me out so I can see my friend. They pick me up

when I ask."

People were supported to follow their interests and take part in activities which interested them. People had a wide range of interests and abilities and staff supported people to take part in activities of their choosing. On the day of the inspection one person went out with a member of staff to play croquet, another person went to a local community centre to play bingo and another was supported to bake a cake. One person told us they attended a regular cookery class and tai chi. Another person said they liked computers. Staff had supported this person to attend a computer course but they had not enjoyed it so staff had made a computer available to them in the home at specified times. This enabled them to enjoy using the computer without the pressure of a learning environment.

People told us they would be comfortable to talk with the registered manager or a member of staff if they were unhappy about any aspect of their care. Everyone had a copy of the home's complaints procedure and minutes of meetings showed people were regularly asked if they had any complaints. One person said, "Minor concerns are dealt with very well." Another person told us they had raised concerns with the registered manager. They said, "Where I've had complaints they have been sorted out with no bad feelings on either side."

## Is the service well-led?

### Our findings

The service continued to be well led.

One of the providers of the home was also the registered manager. They were competent and had a good understanding of the needs of the people who lived at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was due to go on extended leave and there were arrangements in place to make sure the home was effectively led in their absence.

The registered manager was very visible in the home and everyone was very comfortable and relaxed with them. This relaxed environment ensured people were able to share any worries or concerns. It also enabled the registered manager to constantly monitor practice and make changes where necessary. One member of staff said, "The place has really changed since she [registered manager] has been here. Things have really moved forward and people are doing so much more." One person said, "If you talk to [registered manager's name] she listens and does something."

People benefitted from a provider and registered manager who had good systems in place to monitor the quality of the service and ensure the safety of the building. They carried out a full audit every six months. This audit included; making sure policies and procedures were up to date, all equipment and the building was correctly maintained, summarising feedback from people and interested stakeholders and looking at complaints and incidents to see if any further changes to practice were required.

In addition to the full six monthly audit, other daily, weekly and monthly audits took place to make sure the home was continually learning and changing practice to improve the care provided to people. For example, medication audits had highlighted a number of errors. In response to this additional checks had been put in place and one member of staff was nominated each day to carry out all medicines administration. The registered manager told us no further errors had been found since the change in practice.

People lived in a home where the provider had a good overview of the service and the needs of people. Incidents and accidents were constantly monitored to make sure people received the care and treatment needed to meet their needs. Incident reports showed one person had been involved in a number of incidents which was out of character. The registered manager had alerted other professionals which had resulted in a change in their medication and care plan.

The registered manager and staff worked in partnership with other professionals to make sure people had access to services and treatment when needed. Regular reviews with care co-ordinators and other professionals were held to make sure all services were working together to help people achieve their goals. One person told us, "They have been helping me address things with my care co-ordinator."

Staff received regular one to one supervision and an annual appraisal. This enabled them to share ideas and raise any issues they wanted to discuss. Safeguarding was a standing agenda item on every supervision meeting which enabled staff to discuss any worries they had in a confidential setting. These meetings also enabled any poor practice to be addressed and any training needs to be identified which helped to make sure people received good quality care.

The home had been recognised for their high standards and commitment to people. This year staff were nominated in the Somerset Care Awards and were finalists in the 'Care Team of the Year' category.