

Four Seasons (Bamford) Limited Elm Bank Care Home

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

About the service

Elm Bank is a residential care home registered for 48 places but has 42 bedrooms, some of which were previously used as shared rooms. At the time of this inspection there were 37 people accommodated, including people who were living with dementia.

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

People and relatives were positive about the care, kindness and friendliness of staff. They said staff were respectful, patient and helped people to maintain their dignity.

People and relatives said this was a safe place to live. There were enough staff to meet people's needs. Staff knew how to report any concerns and said these would be acted upon. The home was clean, warm and comfortable.

People's needs were assessed to make sure their care could be provided. Some parts of the home were not adapted to support people who were living with dementia. We have made a recommendation about this.

People said the meals were good and there were plenty of choices. Staff worked with other care professionals to support people's health needs.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People received personalised support that matched their individual preferences. There were enough activities and engagement with the local community to help people's social inclusion.

People and relatives commented positively on the open culture in the home and the approachability of the registered manager and staff. Staff said that morale had improved and they felt supported.

The provider checked the quality and safety of the service. Overall, the effectiveness of these checks had improved.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 December 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 re-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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elm Bank Care Home

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 was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elm Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, regional manager, senior care workers, care workers, the chef, administrator, activities and maintenance staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection quality assurance systems had not always been effectively applied to make sure safe standards were achieved. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation; however, some further improvements were required.

Preventing and controlling infection

- At the last inspection the home did not fully meet the standards for infection prevention and control. Some areas couldn't be kept hygienically clean, for example there were broken tiles in shared toilets and laundry trolleys had exposed chipboard.
- At this inspection most of the issues had been addressed but some had not. The registered manager arranged for these to be remedied immediately.
- People and relatives commented the home was "kept clean" and "there are no odours" which was very important to them. Staff used disposable aprons, gloves and hand gel to reduce cross infection.

Using medicines safely

- At the last inspection medicines records were incomplete. At this inspection medicines records had improved. One person's record about how their medicine were administered in a special way needed more detail so staff could be consistent.
- Overall, people's medicines were managed in a safe way by the staff. The medicine refrigerator was sometimes above the recommended safe temperature. The registered manager addressed this.
- People received their medicines at the right times and in the right way. Staff were trained to support people with their medicines and their competency was regularly checked.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of abuse. People said they felt safe.
- Staff had completed safeguarding training and knew the steps to follow for reporting any concerns. The registered manager made sure concerns of abuse were recorded, investigated and reported to the local authority and the Care Quality Commission.
- Information about who to contact if there were any concerns was on display for people, visitors and staff. Local authority officers said there had been improvements to how incidents were managed.

Staffing and recruitment

- At our last inspection we recommended the provider reviewed staff rotas to make sure there were

sufficient staff deployed. The provider had made improvements. The number of staff had not increased but they were now working in a more effective way.

- Call bells were now answered in a timelier way. People said, "Staff come within reasonable time" and "There always seems to be plenty of staff, although they are busy".
- Safe recruitment processes were in place to make sure new staff were suitable to work in the care home. People and relatives said there was better consistency of staff. Their comments included, "Things have certainly improved in the last six months. There are more regular staff, before there was too much agency staff."

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

- Systems were in place to protect people from avoidable harm. People had risk assessments which included the steps staff should follow to keep them safe.
- Checks were carried out to make sure the building and equipment were safe.
- Accidents and incidents were looked into and action was taken to reduce the risk of any reoccurrence. Any lessons learnt were shared with the staff team to improve safe practices.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People's needs were assessed before they started to use the service. The assessment decided whether their care could be met.
- The assessment helped to design personalised plans of care for each person, so staff had guidance about how to support them.

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

- Some parts of the building had been adapted and designed to meet people's needs. There were sufficient assisted bathing and hoisting equipment to meet people's mobility needs. The accommodation on the middle floor was decorated to support people living with a dementia. It had items of visual and sensory interest.
- The accommodation on the lower ground floor accommodated people living with dementia but was not designed or decorated to support those needs. There was very little signage to help people to find their way around. All doors were the same colour. There were no visual or tactile items to interest people.

We recommend the provider considers recognised national guidance in dementia design for this area of accommodation.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their role. Care staff had opportunities to complete a care qualification. A relative commented, "The seniors are well trained." One person felt staff would benefit from training in their particular health condition.
- New staff completed induction training and were enrolled onto the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge and skills that should be covered if staff are new to care roles.
- Staff had individual supervision and annual appraisals to support their performance.

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

- People were supported with eating and drinking in a way which promoted their nutritional health. People were positive about the quality and choice of meals. Their comments included, "The food is very good", "There is plenty of choice" and "We get plenty to drink, hot and cold drinks".
- Catering and care staff were knowledgeable about people's dietary requirements and any risks relating to eating and drinking. They communicated well about the amounts people ate and drank to make sure they

were offered fortified foods if necessary.

- Staff responded successfully to any changes in weight. One person told us, "I went down to seven and a half stone in hospital, but I seem to be putting weight back on again here."

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

- The service supported people to access health and social care services. One person commented, "I'm happy with the care as far as it goes. It's not a medical centre it's a residential care home and the regular staff are very good."
- People said staff responded to any health needs they had, and health professionals visited people in the home regularly. A relative commented, "They do get the doctor, chiropodist and even the dentist without us having to ask."
- Although there were oral assessments for each person, there were no support plans about how to assist people with their oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff followed the principles of MCA and DoLS. People were involved in decisions about their care where they had capacity to do so.
- People who lacked capacity were supported by relevant representatives and decisions were made in their best interest. People were not unnecessarily restricted.
- Staff were observed asking people for their consent before providing assistance and before entering rooms.

Is the service caring?

Our findings

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

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

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

- People were well treated and respected by staff. Their comments included, "They [staff] are really very kind to me" and "The staff are fantastic, they will do anything for me and they have always got a smile on their face".
- Staff were patient, friendly and engaging with people. They assisted people at their own pace and did not rush them. A relative commented, "They are always encouraging my [family member], especially in walking. They are kind and listen to her and some are especially interactive with her."
- People showed many positive signs of well-being around staff, including smiling, laughing and joining in conversations.

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

- People were offered choices in ways they could understand. Staff were respectful towards people, using conversations that placed them at the heart of decision-making wherever possible.
- People said staff knew their individual preferences but still encouraged them to make their own choices. One person commented, "They help me have a shower or bath, it depends what I fancy, they already know if you don't like a particular thing."
- Relatives said they were fully involved in people's care planning, where appropriate. Other people would be assisted to use advocacy services if they needed support to make significant decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were respected and promoted. People were provided with discreet support and encouraged to remain as independent as possible. For example, staff noticed some people needed help with their meals so quietly offered to cut it up for them so they could continue to manage it themselves.
- People said their dignity was upheld and they were offered their choice of male or female staff to support them. They commented, "They keep my dignity and of course they lock the door when I'm having a shower but keep me independent by encouraging me to do what I can."
- Some people still went out independently and this was promoted where people were capable to do so.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were set out in care plans. The care plans were personalised and provided guidance to staff about how each person wanted to be assisted. People's care was kept under review and changes were made when needed.
- Staff knew people well and were alert to any changes in their well-being.

Meeting people's communication needs

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

- The provider had the facility to make information available in various formats including audio, large print or different languages to meet individual communication needs. There was no information in these formats in the home at this time.
- Some information was available in pictures, for example menus, although these were not always displayed correctly. People were also shown different options so they could make an informed visual choice.

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

- Activities were provided on a daily basis to meet people's social needs. These included games and exercises as well as visiting entertainers and local school children.
- People were supported to go into the local community. They commented, "We go out to local shops and for coffee" and "I get to go out and about and sit in the garden when its fine". Staff also helped people to maintain contact with local churches.
- The activities staff also provided one-to-one time for people who preferred to stay in their rooms, for example holding hands, doing nails and chatting with people who had limited verbal skills. The activities staff also described a number of activities they used to include people with a visual impairment.

End of life care and support

- Staff provided care during the last stages of people's lives, where required.
- End of life care plans were individualised and clearly identified people's preferred place of care and arrangements.

Improving care quality in response to complaints or concerns

- The provider had a complaints system in place to respond to comments about the service. People and visitors had information around the home about how to make a complaint. They were encouraged to make comments.
- People and relatives said they would have no hesitation in raising issues with the registered manager. They commented, "[Registered manager] is very good and he would sort out any problems" and "I did make one complaint and [registered manager] sorted it out".
- The registered manager kept a record of complaints and actions taken to resolve them. The provider could also access these records to check for trends.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider's governance systems had not always been rigorously or effectively applied. This meant several shortfalls in the standard of the service had not been identified by the quality audit processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - good governance. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation; however some further improvements were required.

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

- The provider had governance systems to check the quality and safety of the service. Overall, there had been improvements to how effectively the checks were carried out.
- Some minor infection control issues reported at the last inspection had not been addressed, despite being listed on the provider's action plan, and subsequent infection control audits had not identified these shortfalls. The regional manager accepted this was an oversight and the issues were addressed immediately.
- At the last inspection the provider said they intended to improve the dementia design of the lower ground floor accommodation. However, this had not taken place and there were no plans to address it. We have made a recommendation about this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive, open culture. People and relatives were fully included in discussing their individual care.
- Since the last inspection a new registered manager had been appointed. People and relatives said the registered manager was open and approachable.
- Staff said there was a good culture at the home. They commented, "People are well cared for and get everything they need" and "staff morale has really improved".

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 provider and registered manager understood their duty to be candid if anything went wrong.
- A care professional said the registered manager was helpful and cooperative when dealing with any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care. People completed a survey of their views and the feedback had been used to continuously improve the service. The results were openly displayed on a 'You Said, We Did' poster.
- Staff had opportunities to provide feedback in supervisions, team meetings and an annual survey. Staff told us they were able to raise issues at any time.

Working in partnership with others

- The registered manager and staff were receptive to working with other care professionals to support good outcomes for people who used the service.