

Elmleigh Homes Limited

Elmleigh Homes Limited

Inspection report

Elmleigh House
133 Vernon Road, Kirkby-in-Ashfield
Nottingham
Nottinghamshire
NG17 8ED

Tel: 01623753837
Website: www.elmleighbomes.co.uk

Date of inspection visit:
03 August 2016
05 August 2016
08 August 2016

Date of publication:
28 September 2016

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 3, 5 and 8 August 2016. Elmleigh House [the service] is a residential care home which provides accommodation and personal care for up to 22 people with a learning disability.

At the time of our inspection the service had 18 people living there. The service offers accommodation in four separate units situated on the same site. The largest unit has 13 bedrooms. There are then two houses which offer four places in a domestic style house. The remaining unit provides one bedroom.

There was a registered manager in place and they were available during the inspection. 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.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

People told us they received their medication as prescribed. Staff were able to explain the process they followed when supporting people to safely take their medication. Records we checked confirmed this.

People's rights were protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People's care plans reflected their individual needs and personal wishes. People were involved in the development of their care plans and these were reviewed regularly.

The service encouraged feedback from all people involved with the service. A complaints process was in place, and people felt able to make a complaint. People felt confident that staff would respond in a timely manner.

People were very satisfied with all aspects of the service provided and spoke positively of both staff and management team. People received care and support from kind, caring and compassionate staff, who

respected their privacy and dignity at all times.

People had confidence in the registered manager and the way the service was run. There were systems in place to monitor and improve the quality of the service provided. The vision and values of the staff team were person-centred and made sure people were at the heart 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People received their medication as prescribed.

There were sufficient numbers of staff to meet people's care needs and offered flexible support.

Is the service effective?

Good ●

The service was effective.

People were able to make choices about their support which staff respected.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People were encouraged to make decisions relating to the care and support they received.

Staff respected and supported people in a manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who recognised and responded to their changing needs. People received a reliable and consistent service.

Care and support plans were very detailed to ensure staff could support people consistently and respond to individual needs.

People were asked for feedback about the service they received. People had access to the complaints procedure that was made available in an appropriate format for people with communication needs.

Is the service well-led?

People, their relatives, health professionals and staff were confident in the management and providers of the service. They were supported and encouraged to provide feedback about the service.

There were systems in place to monitor and improve the quality of the service provided.

Good ●

Elmleigh Homes Limited

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.

The inspection was carried out on 3, 5 and 8 August 2016, this was an unannounced inspection. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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. Prior to our inspection we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with seven people who used the service, two relatives, four members of care staff, the maintenance person, deputy manager and registered manager. We looked at the care plans of four people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving care. A person said, "Yes, I feel safe living here." Another person said, "There are always people around." A relative told us, "Yes I do," feel my family member is safe."

Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the deputy manager or the registered manager. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Care records contained risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for each person's level of risk, including nutrition and maintaining people's independence in the service and when out in the community. Risk assessments identified actions that were put into place to reduce the risks to the person and were reviewed regularly.

A person told us when they went out alone they would, "Tell staff what time I'm coming back for my safety." The person explained this helped them feel safe without restricting their independence.

The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they supported people and relatives confirmed this. External healthcare professionals had also been involved in discussions and decisions about managing known risks. This meant that people were supported by a staff group that knew how to recognise when people were at risk of harm, what action they would need to take to keep people safe and how to report concerns.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm. We looked at records relating to the maintenance of the building and records relating to testing of equipment and found these were all up-to-date. There were regular processes in place to ensure safe water temperatures were maintained and people

were protected from the risks of Legionella. Fire safety checks had been undertaken.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. Not all staff were aware of the whistle blowing policy, however, staff did tell us they would speak to the owners if they felt their concerns were not dealt with. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. We spoke to the registered manager about this who confirmed they would action this at the next team meeting.

Relatives confirmed they were happy with the number of staff at the service. A relative also shared with us that there were sufficient staff to accompany their family member to their appointments. We looked at the staff rota and found that there were consistent staffing levels on each shift to safely meet people's needs.

A staff member we spoke to said, "We have more staff now than we've ever had." And then went on to say, "I can sit with people and spend time with people doing activities." Staff we spoke with told us they thought they had enough staff to keep people safe and meet people's needs. Staff told us they recently changed their staffing rotas to make sure people had more 1:1 time during the day. We observed there were sufficient staff to meet people's needs and when people received care this was done promptly.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

A person told us, "Staff keep meds in the cupboard and they give them to me." Other people told us they were happy with how their medication was administered and had no concerns. Later in the day a person told us, "They [staff] do a very good job of giving me my medicine."

We looked at four medication administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had all been signed appropriately. Medicine was stored securely and in line with good practice with only staff having access to these. We observed the medication round and this was done safely and efficiently.

Staff who administered medication were given the training required to do this safely and their practice audited regularly. A staff member told us, "As part of our induction we have medication training. Then we are observed before being signed off [by the registered manager]." The home had guidelines for staff to follow when administering medication and other guidelines for as and when required medication should be administered. This meant that people received their medication as prescribed.

A health professional told us when they had visited, "I have been very pleased with what I have seen with the cleanliness." Our observations confirmed that the service was clean and well maintained.

Is the service effective?

Our findings

People received effective care from staff who understood their needs. A person told us, "The staff are brilliant. They have good training. When you come, you don't want to leave." A relative told us, "They do encourage [my family member] and don't force [them] to take part in things."

Staff told us they had received an induction. A staff member said, "Induction covered every aspect of the role, as I have worked in care sector prior to coming to Elmleigh." Staff told us they had regular one to one supervision, twice yearly group supervision and received sufficient training. Another member of staff told us, "Training courses are really good they help jog your memory." Training records we checked confirmed they were up to date.

Staff told us that supervision was there, "To make sure we are doing our job right." Another staff member said supervision was used to, "Talk about things in private. Request more training and also the manager could have picked up on something." We saw records that showed staff had received regular supervision and appraisal. Training records showed that staff attended a wide range of training. Systems were in place to ensure that staff remained up to date with their training.

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).

The requirements and principles of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. All staff had had training on MCA, but not all staff were able to explain the principles of the MCA. This meant that people could be having decisions made on their behalf or their liberty restricted by staff not understanding the reason for why the MCA is in place.

We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area. A staff member said, "If people are getting upset, we give them space and then talk to them about topics that interest them."

A person told us about their meals, "Nice food. Having chicken salad for my dinner; can pick it [the meal]

yourself." A relative said about the food, "[My family member] has never complained about it."

We observed the lunchtime dining experience and had seen earlier in the morning that people were offered hot and cold choices for their lunch. Where needed people were offered visual prompts to help them make a choice. Personalised place mats were set at the table which people created as part of their creative art activity. The dining room [main house] had a relaxed atmosphere with general up beat banter between one another and staff. We heard a person say, "This is very nice," referring to their soup. Sufficient staff were available throughout the lunchtime period.

People's care records contained care plans for eating and drinking and there were records of their preferences and any support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people for example with diabetes; by making sure people received regular snacks throughout the day to maintain safe blood sugar levels. Staff had good knowledge of those people that required additional support in this area. Throughout the day people could access snacks together with hot or cold drinks to remain hydrated.

A person told us, "Staff make us an appointment at the Doctors when we are not well and they take us to see them." A relative said their family member, "Recently had a dental problem. I mentioned it on a Sunday and on Monday [my family member] was at the dentist. My [family member] broke a tooth when out with family." Another relative told us that their loved one was, "Regularly taken to the health centre for check-ups." Another person told us when they go for health appointments they, "Go with my keyworker and find it more supportive if [staff name] comes with me."

We saw records confirmed people received annual health checks at their local health centre. Prompt referrals were made to other professionals when these were required. Documentation within people's care records provided evidence of the input of district nurses, chiropodists, podiatry, physiotherapist and GPs. A health professional told us when patients visited them, "Support staff attend the clinic appointments regularly," with them. When professionals had provided recommendations or advice this had been implemented.

Is the service caring?

Our findings

People told us they enjoyed living at the service and our observations confirmed this. A person told us the service was, "Very caring." And then went on to say, "I am happy here, nice bunch of people I live with." Another person said about living in the service, "Am loving it!" A relative commented positively that, "They [staff] seem to delight in pleasing [my family member]." Many staff commented on the service being, "Part of their family." We spoke to a health professional about whether they felt the service was caring? Their response was, "Very much so."

Staff supported people to practise their faith whether at home or in the community. A staff member told us, "[Person's name] has communion weekly and the person that comes in to offer this, calls first to make sure [the person's name] wants him to come." Another member of staff explained how several people attend a local Church Service on Sunday's. If the weather was clear people would walk down to the Church service with staff, or use one of the accessible vehicles people can access, if it was raining.

Staff were kind and caring in their interactions with people who used the service. A staff member spoke about supporting people with their appearance, "Don't let people walk around with food on their face, will give their face a wipe, but will say [name of person] you missed some; can I get the rest off for you."

We saw people were happy and relaxed with staff and enjoyed their company. Staff we spoke to had good knowledge of people and their needs. Most staff had been employed at the service for many years and understood and respected people's preferences. One staff member told us, "[Person's name] loves a shave everyday, even if [person] is not well; still go in to give a shave. It's what [person's name] wants." Another staff member said it was important that, "If we go out we support people to look smart."

A staff member shared that, "Everyone has their own preferences with care and you acknowledge and respect people's choices." A person confirmed this by telling us, "Staff ask and involve me in my care." Another person said, "When I'm upset they [staff] ask what's wrong." The person found this very helpful and caring.

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

We observed that people were treated with dignity and their privacy respected. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. A person said, "I tell staff when I want to be alone in the bathroom and staff respect my wishes." A relative told us that their, "[Family member] is a very private person. They [staff] are very very careful at maintaining [family member's] dignity and they are very professional."

A relative said, "They really involve people here." Staff told us how they promoted people's independence and we saw this taking place during our inspection. We saw staff enabled people to maintain their

independence when supporting people in the kitchen preparing snacks and hot drinks.

Staff told us people's relatives and friends were able to visit them without any unnecessary restriction.

Is the service responsive?

Our findings

People received care that was responsive to their needs. A person said, "[Name of keyworker] goes out with me shopping and to health appointments. We both make each other laugh." A relative told us, "I have no problem approaching the staff, they are really really responsive; the staff and the management."

Staff spoke about supporting people in the community and said, "People go down to the local plaza where they run 1940's themed events and dances." Another said, "When the weather was good, one day we sat outside and had a game of boccia, skittles and croquet. Everybody was outside laughing."

A health professional told us, "The staff seem to be sensitive and responsive to patient's needs."

We observed that one person, who lived in a neighbouring house that was shared with three other people, enjoyed spending time in their bedroom. This enabled the person to follow their passion which was [name of rock band] and playing instruments. We saw that only one other person was in the house at this time and were on their way out with their independent support worker whom the person employed directly and was not linked to the service. This meant other people living there were not being disturbed. Staff would regularly check in on this person to make sure they were safe and well. This person's relative confirmed, "The meaning of [family member's name] life is music. [Family member] has guitars and microphones," And was, "Quite happy for [family member] to be in their room [bedroom] for three hours playing music." They then went on to say, "[Family member] is a massive [name of rock band] fan and has been to see tribute bands." When everyone was back at the house the person would use headphones so as not disturb others.

During one of our inspection days everyone was at home. Usually people were out at a day centre, colleges or community activities. In the main house we saw up to seven people and staff taking part in an interactive dance activity game using the television in the main lounge. There was a positive energetic atmosphere in the room, with everyone having fun, backed up with lots of laughter. Some people observed happily whilst others took part throughout and some would pop their head in and out of the lounge, as they wished. Staff invited people to take part but did not force the issue.

In another activity we observed six people play a game of bingo in the activity room. The activity was led by people using the service. People were warm and supportive with positive banter between one another. When the bingo caller needed some support with calling a number out other people were able to assist in a friendly way. Staff also took part and were available to support people when needed.

Later in the day we saw people were creating their own pieces of artwork which they proudly shared and displayed in the room along the walls. We also saw that people had created their own personalised place mats which they used in the dining room.

We observed some people preferred one to one support and we saw this was offered by staff in a caring and responsive way. Staff were familiar with the person's interests and would offer a choice of activities ranging from a discussion about how they were feeling, to going for a walk, playing a board game or creative art.

In the smaller lounge we saw more one to one support being offered with someone with limited communication using various coloured markers to make a repeated pattern on blank A4 pages to resemble a signature. We observed this for a short period and found the person enjoyed this activity and found it very satisfying as they would regularly smile and share their work for us to see.

We reviewed four support plans and all were person centred, clear and well written. The support plans were in two sections the one section written from the person's perspective. The other section covered all areas of how the service met and monitored people's needs. Support plans included personal histories and people's preferences in how they would like to be supported. We also saw details of activities people took part in and had observed that people were given opportunities to be involved in activities to avoid them feeling isolated and promoted their well-being. Support plans contained information regarding people's diverse needs and were reviewed regularly with involvement of the person and their relative, where agreed.

A person said they would, "Speak to [deputy and registered manager's names] if I was not happy about something." Guidance on how to make a complaint was available in an easy read guide for people who used the service. People told us that there was a complaints, concerns, suggestion post box in the communal hallway. We were told only the management team have the keys to access it. People told us they had used the box and their concerns had been dealt with appropriately. One person confirmed this and said, "Concerns were dealt with appropriately." Records we checked confirmed this too.

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain clearly how they would respond to any complaints raised directly with them.

Is the service well-led?

Our findings

People received a service that was well led. A person said, "The staff and the managers are lovely, kind and supportive." A relative shared that, "The manager [registered manager] is a big part of why Elmleigh is as good as it is." A member of staff said, "It's nice we can all talk with the management and bosses when needing anything."

People were regularly asked for feedback through twice yearly 'What I Think' surveys where people were encouraged to write or draw as much as possible about their experiences of the service they receive. We saw 17 surveys had been completed. One person wrote they found, "The Service User Meeting interesting." Another comment read that staff, "Help us do things for ourselves." Any actions were followed up with people and their relatives, where needed. Survey findings were shared at service user meetings. We saw nine 'Friends and Family Surveys' had been completed and all were positive about the service. We read comments from 'Thank You' cards which said, "If all the care homes were like yours. There'd be a lot more people willing to let their son or daughter go." Another comment was, "I have had no worries and glad I trusted you all."

A whistleblowing policy was in place and contained appropriate details. Some staff were familiar with the policy and would be comfortable raising issues using the processes set out in this policy.. However, not all staff we spoke with were familiar with the policy and its purpose. We raised this with the registered manager who agreed to correct this immediately at the next team meeting.

A staff member told us, "We never use any agency, we help each other out." This comment was repeated by several other staff we spoke with and showed there was a consistent service offered by staff that valued teamwork and followed the values of the service. Some of these values included people being happy in a homely and inviting environment. Other staff told us, "I couldn't imagine not being here to be fair." And another said, "I have been in a few jobs and can safely say I love this job."

A management team member told us, "The enthusiasm and love we have for the home does filter down to the staff team." They then went on to say, "Elmleigh is a home for as long as people need it. We are a family for people who haven't got family."

There were systems in place to ensure policies were in place and up to date and available to staff. There were processes in place to manage adverse incidents such as safeguarding concerns, complaints or accidents.

The service had clear values which were documented and demonstrated throughout our inspection by the registered manager and the staff alike. Staff had a clear understanding of the provider's vision and values for the service. Throughout our inspection, staff and the management team were telling us the service felt like part of their extended family. Interactions between staff, management team and people using the service showed the positive impact the service had on people's lives.

Relatives told us that the registered manager was approachable and listened to them. Staff told us they felt the leadership of the home was excellent. They told us that the registered manager was approachable and listened to them. A member of staff said, "I look at staff turnover; there isn't one. All staff have been here quite a while. It's because it's well run and like a big family that is run in a professional way." Another staff member said, "Management take time to come out and take part in activities." We saw that the registered manager and the deputy manager responded well to people when needing support.

Staff told us they felt supported by the registered manager and felt they were able to share any suggestions or ideas they had and that they would be listened to. When we asked the registered manager for information about their service they were able to give clear answers to questions and produce evidence when needed. There was information we requested after our visits and this was sent to us promptly.

There were regular staff meetings that took place which gave staff and management the opportunity to discuss and share progress about the service. A member staff said, "Management, quite happy to help me when I had a personal issue and were flexible in meeting my needs."

We saw that all conditions of registration with the CQC were being met. Incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents.

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. The registered manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety. Any issues were highlighted and actioned appropriately.

The registered manager told us the provider came in regularly and carried out their audits. Records we checked confirmed this. Staff spoke positively about how approachable the owners were. Any issues that were raised with them were actioned immediately. A person told us, "When I lived in the big house, my room had a leak in the roof. Someone came in and fixed it straight away."

We saw evidence the service shared feedback about their experiences with health professionals. A health professional told us, "We have a carer feedback form that we request to fill for our clinics and we find that the staff usually bring these forms with filled in information."