The Elms Residential Care Home Limited

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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

Overall summary

This inspection was unannounced and took place on 3 March 2015.

At the last inspection on 21 July 2014, we asked the provider to make improvements because people were at risk due to the lack of detail and guidance to staff within people's risk assessments. We also found that important events that occurred at the home affecting the welfare, health and safety of people were not reported to us. At this inspection we found that improvements had been made.

Summary of findings

The Elms provides care and accommodation for up to 20 older people, some of whom may be living with dementia. On the day of this inspection there were 18 people living at this home.

This service is required to have a registered manager in day to day charge of 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. There was a registered manager in post at this service.

People who lived at the home felt safe. Staff knew about how to safeguard people from abuse and what to do if they suspected abuse was occurring. Risk assessments were in place in respect of people's care, treatment and daily living.

There were enough staff on duty to meet people's needs. The home was staffed in accordance with the staff rota that was based on the dependency needs of people. Thorough recruitment practices were in place with plans to involve people in the process in the future.

People were protected by safe processes in place in respect of the storage, administration and recording of medicines. Staff received training and their competence was periodically assessed. However, the medicines trolley wasn't always locked when unattended during a medicines round.

People were supported by well trained, experienced and knowledgeable staff. Staff were able to attend training that was relevant to their role including nationally recognised qualifications in care.

Staff were due to receive training about the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood that some people may on occasion lack the capacity to make decisions for themselves and that they needed to support people to make choices that were in their best interests.

People received food and drink that met their needs. People at risk of malnutrition were referred appropriately to health professionals and were supported to eat well. Meals were fortified as necessary.

People were supported by kind, considerate and compassionate staff. People were encouraged to be as independent as possible and their rights were promoted. Staff provided care and support that was person-centred and individualised.

Care plans gave information and guidance to staff so that they could provide appropriate care and support to people. People were encouraged to be involved in planning and reviewing their care.

Quality monitoring of the service provided was taking place in respect of the environment, records and care, treatment and support of people. Any shortfalls were identified and action taken to improve the service.

Staff felt listened to and were involved in developing the quality of the service. People's views were sought and acted on. Progress had been made to embed a culture of person-centred care that reflected the needs and aspirations of people living at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risk assessments and risk reduction plans were in place in respect of people care and treatment.

There were safe processes in place in regard to the storage, administration and recording of medicines, although the medicine trolley was not always locked when unattended.

The risk of abuse was reduced because staff were trained and were able to recognise the signs of abuse. They knew what action to take if abuse was suspected.

There were sufficient staff on duty to meet people's needs.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the necessary skills, knowledge and experience to care for them effectively.

Where possible, either the person or their representative had been involved in planning their care and treatment. People signed their consent where they were involved.

Staff supported people to make decisions where they were able to do this for themselves.

People were protected from the risk of malnutrition by regular risk assessment and appropriate action that supported people to eat and drink well.

Good

Is the service caring?
The service was caring.

People were supported by kind, caring and considerate staff.

People could make choices around daily living and they were encouraged to be involved in developing and influencing their own care plans.

People's privacy and dignity was respected. People were given support and encouragement discreetly.

Visitors could call at the home when they wished and were made welcome by staff.

Good

Is the service responsive?
The service was responsive.

People's care plans contained information and guidance to enable staff to provide appropriate care and treatment.

Staff understood individualised care and how to ensure that the care they provided was person-centred.

People knew how to make a complaint if they needed to.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff were well supported by the registered manager and they received regular supervision.

Work was in hand to embed a culture of person-centred care.

Quality monitoring of the service was taking place with plans for improvement being developed. Audits of the environment were being completed regularly.

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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 3 March 2015 and was unannounced. This inspection was completed by two inspectors.

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 also reviewed notifications that had been sent to us by the service. These are reports required by law, such as the death of people, safeguarding, accidents or injuries. We also contacted the local authority quality monitoring and safeguarding teams to seek their views about the quality of the service provided to people.

During the course of the inspection we gathered information from a variety of sources. For example, 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.

The records we looked at included staff rotas, medication records, Mental Capacity Act and Deprivation of Liberty Safeguard assessments and applications and the care records for ten people, including four care plans.

We also spoke with seven people, three visitors and with eight staff members including the registered manager, cook, housekeeper and care staff.

Good

Is the service safe?

Our findings

At our last inspection on 21 July 2014, we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the assessments of risk within people's care plans did not contain sufficient information and guidance to staff about how to reduce risks to people. During this inspection we found that improvements had been made and clear guidance about how to safely support people was included in their risk assessments. The provider was no longer in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risk assessments were in place in relation to people's care needs. These risks were in respect of mobility and falls, moving and handling, pressure area care and nutrition. We observed people being assisted with their mobility prior to lunch. We saw that this was done safely, with people being assisted to walk with support from aids and staff and in accordance with their risk assessment. Hoisting equipment was used safely.

People told us that they felt safe living at this home. We also observed people throughout the day and saw that they enjoyed the company of staff and were relaxed with them.

All the staff we spoke with had a good understanding about safeguarding people from abuse and confirmed that they had completed training about this. Staff were able to demonstrate that they could identify the different types of abuse and what action they would take if they suspected abuse was taking place.

We looked at the staff rotas for the four weeks prior to our inspection and saw that the service consistently staffed the home so that people's needs could be met by suitably qualified and experienced staff. In addition to the registered manager, there was also a senior care staff plus two further care staff on duty throughout the day to look after the 18 people living in the home. Two care staff were employed overnight. We saw from the rotas that staff covered short notice absences whenever possible, with staff changing their shift patterns in order to provide cover for absent colleagues.

The registered manager told us that staffing levels were based on the dependency levels of people living at the home. These levels could be increased if people were poorly or they needed additional support.

People told us that they felt there were enough staff available to meet their needs. We saw that one person had decided they wanted to have a lie in and staff had been able to support this person with their personal care shortly before lunch.

Our observations showed that people received support in an unhurried way. People were not left waiting to receive care and staff had time to spend with people to support them with meaningful activities and their hobbies.

We looked at the recruitment processes used at the service and saw that they were appropriate. The registered manager told us that they were developing the interview practice and would in future be keeping dedicated records and will be looking into how to involve people living at the home in the interview process. We saw that steps were in place to carry out checks to ensure that staff employed were appropriate to work with vulnerable people.

We spoke with the senior care staff on duty who was responsible for administering medicines on the day of inspection. They confirmed that they had received training about the care and administration of medicines and also that they had their competence checked from time to time.

We observed the senior care staff administer medicines at lunchtime and saw safe practice for the most part. However on two occasions the medicines trolley door was left open, meaning that people could have taken medicines from the trolley. We brought this to the attention of the registered manager who told us they would take action as necessary.

We saw that accurate medication records were kept, including the administration records and controlled drug administration records. We looked at six Medication Administration Records (MAR) and saw that they were completed correctly and contained no gaps. Safe procedures were in place when controlled drugs were administered. Medicines were stored securely when not in use.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills, knowledge and experience to care for people effectively. Staff described to us the training and development that they had undertaken. This included nationally recognised qualifications in care. Staff demonstrated good knowledge of the needs and conditions experienced by people living at the home. Some staff had completed training about dementia care and this was evident in the way they interacted with people living with this condition. Further staff were due to complete their dementia care training shortly after this inspection. Newly appointed staff described their induction training and said it had been very useful in introducing them to their role.

We spoke with the registered manager who showed us the staff training matrix. This detailed all the training that each member of staff had completed and when update refresher training was required. For example, the matrix showed that training about fire safety and control of substances hazardous to health were due and we were told that these training events had been arranged.

Staff told us that they felt well supported. They said they received regular supervision and annual appraisal, when they were able to discuss their role and how well they were meeting the needs of people. They also saw it as an opportunity to discuss their professional development, when they could identify training courses they would like to complete.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). We were told that no applications had been made to the Local Authority for authorisation to deprive people of their liberty at the time of this inspection. However, an application for one person was to be completed shortly following a best interest decision meeting with the social worker and family of the person. The registered manager and senior care staff were due to attend DoLS training shortly.

We looked at four care plans and saw that people had either signed consent to care and treatment for themselves, or this had been done by their representative on their behalf. People's mental capacity to make decisions was being assessed and recorded on a monthly basis, or more frequently if necessary.

People told us they made decisions for themselves and staff also asked permission before giving any kind of support or personal care. We observed that this was the case. Staff had a good understanding about how people's ability to make decisions could fluctuate and the ways they should support people to make decisions that were in their best interests.

Two of the care plans we looked at showed that the people had been assessed as at risk of malnutrition. We saw that appropriate steps had been taken, including referring the people to the dietician for advice and guidance. There were clear instructions in the care plans about what actions staff needed to take to support these people. These included frequent weight checks so that any changes could be identified quickly and action taken. People's food and fluid intake was also recorded throughout the day and night so that staff could ensure they were getting enough to eat and drink.

Nationally recognised screening tools had been used to help identify risks to people. For example the 'Malnutrition Universal Screening Tool' (MUST) was used to help determine people who were at risk of malnutrition or obesity. We saw that appropriate action had been taken for a person who was at risk of malnutrition.

Throughout the day we saw that people were offered different drinks. Fruit juice and water were available in jugs in the lounges and people had drinks within reach. Hot drinks were available throughout the day and when requested. This helped to ensure that people's hydration needs were met.

We saw that information was available to staff about nutrition and people's individual needs. This included information about special diets such as soft, diabetic and fortified diets. All the staff we spoke with, including the cook, knew about each person's specific dietary needs and how they should be supported.

We noted that there were choices of food available at each meal. During the morning we saw the cook speak to each person about the choices available for lunch the following day. Where people did not fancy the choices on offer, the cook offered further alternatives such as salad and omelette or jacket potato.

We observed the lunchtime period and saw that most people were eating unaided apart from occasional prompts to remind people their meal was in front of them.

Good

Is the service effective?

Everyone was enjoying their food and the atmosphere was relaxed and cheerful. One person happily assisted another person with their meal and staff were on hand to provide support as required. People told us they enjoyed their food. One person told us, “Most of the food is ok. You get a choice and if you don’t like what’s on the menu they will find you something else.” Another person said, “The food is usually hot and tastes good.”

Care records showed that people were supported to maintain good health and they were able to access healthcare services. People were involved in discussing their own treatment options where possible. We saw that people had access to such health professionals as dietician, GP, community nurses and chiropodist. We saw that referrals were made in a timely manner.

Good

Is the service caring?

Our findings

People told us that staff were always kind and spoke nicely to them. One person told us, “It’s important that people know this is a wonderful place. The carers are kind and lovely and the food is beautiful.” Another person said, “If you need any help you only have to ask.” We were also told, “I am very happy here and very well looked after.”

Throughout our inspection we saw that staff were kind and caring. They showed compassion and respect at all times and supported people in a considerate way. Staff knew each person’s specific needs and how they liked to be cared for and supported. They ensured that people’s wishes were respected. For example, one person had requested a lie-in as they were tired. Staff left the person to sleep and did not disturb them until they rang their bell for assistance. The staff understood about person-centred care and they gave individualised support to people according to their wishes.

We spoke with relatives and they told us they were happy with the care their loved ones received. One relative told us, “I know [person] is safe here and that the good care [person] is getting is keeping [person] out of hospital”.

Some people had been involved in the planning of their care and this was reflected within the care plans, which contained their signatures to show agreement with the contents of their care plans. People confirmed they were asked about how they wanted to be cared for and they felt involved in the decision making process. They told us that they felt they influenced what was in their care plan.

We saw that people looked well cared for and their clothes were clean. For the most part people’s right to confidentiality was respected although on one occasion we heard a member of staff call across the lounge that a person wished to go to the toilet. This meant that the person’s privacy and dignity was compromised. For the rest of the time we saw that people’s privacy and dignity were respected. Staff knocked on people’s doors before entering their room and all personal care was delivered in private. Staff spoke to people in an appropriate manner. People were addressed by their preferred names and treated with dignity and respect. Staff told us they had completed training about equality, diversity and human rights and understood how their learning applied to their role and the way they treated people.

Visitors told us they could visit the home whenever they wished and we saw this was the case. They told us they were always made to feel welcome.

Good

Is the service responsive?

Our findings

People told us they could make choices around daily living and we saw this was the case. People decided where they wished to spend their day and who with. People could engage in activities and hobbies. For example people were seen playing board games, reading the paper, watching the television and taking part in a quiz. We saw that staff listened to what people said and involved them in decision making as much as they were able. Options were explained to people and staff respected the choices that people made.

We spoke with people about how they liked to spend their day. One person said, "We can play snakes and ladders, Ludo and snap. We can go outside if the weather is good." People also told us that entertainments were regularly provided and we were told about the garden party that had live entertainment and was much enjoyed by everyone. One person told us, "I love it; nice bedroom, good food and good company and all the carers are good."

We looked at the care plan records for four people and additional care related records for a further six people. Care plans contained person-centred information and focused on the person being empowered to make choices and have control over their care and daily living. Care plans and assessments looked at all aspects relating to the person's health and care needs. Most care plans we looked at contained information about social care needs. The care plans gave information and guidance to staff about all elements of the person's health, social and personal care needs.

We saw that care plans were being updated monthly and that the person was involved in this process if they wished. We saw evidence that people were signing their reviewed care plans to show they had been involved in the process. Information about their current care needs was accessible to staff and easy to locate within each specific care plan.

For example, one person who was at risk of malnutrition had a care plan about this which showed the progress being made and how staff should adjust the support being given to ensure that improvements continued.

All of the staff we spoke with understood the importance of personalised care. They described the people at the home as individuals with specific needs and preferences of their own that should be respected and promoted. They told us that they felt there were enough staff on duty to be able to meet the individualised needs of people in a timely way.

We saw that people were joining in different hobbies and interests throughout the day. Two people were fully engaged in a board game and they said this was something they liked to do together and enjoyed the competition. At the same time other people were joining in with a quiz being presented by staff. There was plenty of laughter taking place and the event was clearly enjoyed by people. Other people were reading the paper, talking with their visitors or watching television. We noted that most people liked to be in the lounges in the company of others. We saw that one person who preferred to stay in their room was regularly visited by staff to chat with them and make sure they were alright.

We saw several bedrooms during our inspection and saw that they were personalised to meet the needs and preferences of the person. People had their own pictures on the walls, photographs and other important personal possessions around them.

People told us that they knew how to complain if they were dissatisfied with the service, although we were told that they had no complaints. The registered manager confirmed that the complaints procedure was displayed on the back of the door in every bedroom. The registered manager showed us the complaints records which contained one complaint since our last inspection. This had been investigated appropriately by the registered provider. The Care Quality Commission has not received any complaints since our last inspection but has received two comments in praise of the care provided at this home.

Good

Is the service well-led?

Our findings

At our last inspection on 21 July 2014, we found that there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because we had not received notifications from the provider. Notifications are reports sent to us from the registered manager or provider to advise us of any incident or changes occurring at the service. Since our last inspection we have been receiving notifications as required in a timely way. The provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

All of the staff we spoke with said that they felt well supported by the registered manager. They described the manager as very approachable and said they could go to them with any concerns or issues. Staff told us that the registered manager 'leads from the front' and 'pitches in' whenever necessary to ensure that people received the care they needed in a timely way.

Staff told us that they received regular supervision, when they could discuss their role and any issues they may have. They said they found these supervision sessions helpful. There were also regular staff meetings and staff were encouraged to raise concerns and make suggestions about how to improve the service. They said they felt listened to by the registered manager.

The registered manager told us that the service had improved since our last inspection. They said that the staff team was more caring towards people and this had been noticed and commented on by relatives and visitors to the home. Communication with health professionals had also improved and good feedback had been received from these professionals in respect of the end of life care that had been provided to two people. Efforts had been made and were continuing, to embed a culture of person-centred care within the home and the registered manager felt that real improvements had been made in this respect.

Quality monitoring was taking place in respect of the care people received. Medication audits were taking place regularly and were recorded. This meant that any discrepancies would be identified and dealt with quickly. Care plans were audited each month to ensure that the information was up to date and accurate. Accidents and falls audits were in place and monitored each month. This meant that any trends would be noted and remedial action could be taken to reduce risks to people.

Audits of the environment were being completed. For example there were monthly checks on all radiator covers to make sure they had not been damaged thereby putting people at risk of burns. Hot water temperatures were being checked every three months. The shaft lift had been serviced in January 2015.

Personal hoisting equipment was also checked for safety regularly. For example, transfer belts, hoist slings and transfer sheets were being checked monthly to ensure they were safe. There was a weekly walking frame and wheelchair check and regular washing regimes for hoist slings.

Resident's meetings had been arranged but were not very frequent. The registered manager said they wanted to have more frequent meetings so that people's views could be heard. The registered manager described how they have regular conversations with people, especially when there are issues or concerns. Two audits of people's views had been completed about tea time food and activities. These had raised ideas about how each could be improved. In addition, the views of relatives were sought so that improvements could be made to the service.