The Worthies Residential Care Home Limited

The Elms

Inspection report

Park Road, Stapleton, Bristol, BS16 1AA.
Tel: 0117 958 5381
Website:

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 10 and 12 November 2015 and was unannounced. This was the first inspection of the home by the Commission; the home was registered with the Commission in November 2014.

The Elms is a residential care home without nursing and provides care and support for up to 14 older people. On the day of our inspection the home was at full occupancy.

The service has a registered manager. 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 not available on the day of inspection. Senior members of staff were available however to assist the inspection.

The staff had received training regarding how to keep people safe. They were aware of the service safeguarding and whistle-blowing policy and procedures.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was appropriate.

Summary of findings

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs. However staff supervision and refresher training had fallen behind.

There were suitable arrangements in place for the safe storage and administration of people's medicines. Improvement was required in relation to processes for recording medicine stock levels and medicine disposal.

Care provided to people met their needs. However care records provided basic information and did not provide personalised information about how to support people. People were involved in regular activities.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were meet and this included information about medical appointments with GP's and Dentists for example

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors to the service. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments were also recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the person.

The provider had quality monitoring systems in place which were used to bring about improvements to the service. Some improvements had not yet been embedded by the service.

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 not always safe.

Risk assessments were not always reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns

Improvement was required in relation to processes for recording medicine stock levels and medicine disposal.

The service had safe and effective recruitment systems in place.

Requires improvement

Is the service effective?
The service was not always effective.

Staff had not received regular supervisions and refresher training.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Requires improvement

Is the service caring?
The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their family. Relatives spoke positively about the support provided by staff. Staff understood people's needs and preferences.

Good

Is the service responsive?
The service was not always responsive

Care plans did not always provide staff with the information needed to provide person centred care.

Staff communicated effectively with people and involved them to makedecisions about the support they wanted

Requires improvement

Summary of findings

The service had involved other professionals to support people.

The service had a robust complaints procedure.

Is the service well-led?

Requires improvement

The service was not always well-led.

Although the provider and manager had put quality assurance systems in place these were not yet fully embedded in maintaining continuous improvement to the service.

People told us staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

The Elms

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 was an unannounced inspection which took place on 10 and 12 November 2015. This inspection was carried out by two inspectors. Before our inspection, we reviewed information we had received in relation to the home; which included any incident notifications they had sent us.

During the inspection we spoke with six people who lived at the home, two visitors and three visiting professionals. We asked them to share their experiences and views with us. We also spoke with five staff members. We observed how people were supported and looked at five people's care records. We also made observations of the care that people received.

We looked at records relating to the management of the home such as the staffing rota, policies, incident and accident records, recruitment and training records and audit reports.

Requires improvement

Is the service safe?

Our findings

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. We found however that some risk assessments had not been changed to suit the person when their needs had altered. For example, one person when entering the service could only eat soft foods. That situation had changed however the person's associated risk assessment had not been amended to reflect this. On speaking with staff it was clear that they knew when people's needs had changed and that these issues were often discussed at staff handover meetings. We did however raise concerns with the senior staff that some risk assessments and associated plans had not been updated to reflect the care people required. We were assured that all risk assessments and care plans were being reviewed to ensure they clearly reflected measures to keep people safe.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required particularly in relation to falls.

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training in safeguarding adults and the prevention of abuse. Staff told us that they would report any issues of concern to the registered manager. One member of staff said "if I saw anything I was unhappy about, I would go straight to the manager or team leader" another said "I would challenge the staff and report what I saw immediately." Staff told us that if they felt a safeguarding issue was not resolved to their satisfaction they would take it further. One member of staff told us "I would make sure something was done about it and if their response was not good enough I would go above the manager."

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. We saw that each plan was individual to every person and had considered their physical and emotional needs.

There were sufficient numbers of staff to support people safely. People told us that care appointments were met by staff when they needed them and the care they needed was given. We found that the staff rota was planned and took into account when additional support was needed for planned appointments outside of the home. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service or by staff from one of the provider's neighbouring homes. People had a call bell in their room and told us that if they used their call bell that response from staff was prompt.

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The service had developed suitable arrangements for the safe storage and administration of people's medicines. Medicines were safely stored and dispensed safely. Only staff who had completed medication training administered medicines and records demonstrated the training and planning for this. None of the people using the service were self-administering their medicines. There were clear procedures in place informing staff how to ensure medicines were dispensed and given safely and these were being followed. A person living in the home told us that the staff helped them with their medicines and that they were given to them at the right time. Medicine audits were completed, and we reviewed the latest one and found that all actions arising from the audit had been completed. Some people had been prescribed medicines, such as pain relief, which were to be given 'when required' (controlled drugs).

We found whilst checking the administration and stock records that the stock levels had been incorrectly recorded and that medicine carried forward was not shown on the administration records and therefore the actual number of medicines did not correspond with the records. We also found that the process followed when medicines were no longer required and needed to be returned to the pharmacy was not safe. The registered manager did not

Requires improvement

Is the service safe?

ensure that medicines were “checked out” of the home as there was no record of returned medicines or a receipt from the pharmacy to confirm what had been disposed of. This meant there was no way of correlating the number of tablets that had been removed from the home, and the number that were received by the pharmacist because they were not being recorded. We raised these matters with the senior staff who agreed to rectify the process for booking in medications and disposing of medications to ensure that all stock was accounted for.

Requires improvement

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. All of the staff we spoke with told us they had been given training relevant to care for the people they supported.

Training records however were unclear and not up to date and it was therefore difficult to ascertain which staff required training. We noted there had been a delay in ensuring that regular refresher training had been undertaken as required. Senior staff had recognised this and were in the process of organising refresher training.

We found that staff supervision had been irregular; the supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. We spoke with the senior staff about this and found that systems were being put into place to develop a supervision matrix to ensure that all staff received supervision regularly. When we spoke with staff they told us they were given opportunities to speak with the management about any concerns they had or any development they needed and that they felt well supported. We did however raise this as a concern with the senior staff. The lack of supervisions meant that the registered manager had missed opportunities to ensure that staff performance and progress was monitored effectively.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made specifically around people's constant supervision by the service. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented. Care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible. We spoke with staff and found that they were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. For example one care plan showed that the person required regular wound dressing changes and we saw that a district nurse had been requested to assist with this. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments. We also spoke with visiting healthcare professionals who told us that staff were proactive in seeking advice for people's healthcare needs.

People received suitable food and drinks suited to their needs. We saw people were offered choice at meal times and that food orders were taken each morning. In the dining area there was a clear, pictorial, written display of the meals people were going to have on the day of our visit. This would help to remind people of the meals they could expect and showed them what the choices were. Meal times were not rushed. We saw staff offering people a choice of the main meal, encouraging those who needed prompting to eat their meal and observed that staff monitored people's dietary intake. Staff were talking with people at mealtime and we observed peoples' mood improve and become more alert as mealtime progressed.

We made observations of people being offered choices during the inspection, for example what activities they wanted to undertake during the day. Where a person was unable to communicate staff utilised a number of techniques such as using hand gestures, an iPad application and pictures to enhance their understanding of the person's requirements. We also observed members of staff asked for people's consent before providing support to them.

Good

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. One person was unsettled during the days of inspection. The staff were patient, reassuring and kind to the person. We saw that people were included in discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

The people we met were well groomed, relaxed and spoke well of the staff. We observed staff treating people with dignity and respect. People's personal care support was discreetly managed by staff so that people were treated in a respectful way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. We observed that staff responded promptly when people needed help or reassurance and that they knew when people were in pain or suffering discomfort and acted to alleviate that in a timely way. One person told us staff knocked on their bedroom door before entering and said "they are very good" they then pointed out a member of staff and said "she's a very nice lady."

The staff we spoke with gave us several examples as to how they would respect people and protect their dignity when providing personal care. One staff told us "it's about giving people choices, respecting their wishes, being kind and making them feel valued." We observed staff treating people kindly and knocking on doors before entering people's bedrooms. We heard one staff member ask a person "so do you want me to make you a cup of tea? A nice big mug?" and another commented "come on then let's spend a bit longer here as its only 11:45am, everything is alright", to a person who was confused, this was enough positive reassurance to assist the person to continue to be involved in activities.

People's visitors were made welcome. A visitor told us they visited regularly and they could see an improvement in their relative's health. The visitor told us "it's lovely here; they are very good to [person's name] and really caring." Another visitor told us "they've been brilliant" and a visiting health professional said "it's lovely here."

Requires improvement

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support people needed. We found that people and their relatives also had input into the care plans and choice in the care and support they received. Care plans contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with basic information so they could respond positively. We found however that the care plans lacked detailed information to reflect personalised support people required. For example in one care plan the information relating to support for someone who required assistance with manual handling for various moves simply stated 'support required' or '2 X carers required'. This meant that the information provided did not instruct staff to provide care in a way that was personalised to be safe, comfortable and acceptable to the person concerned. This information is of particular relevance when new staff are employed at the service to aid these staff in knowing and understanding people's needs.

We also found there was conflicting information around people's care needs with regards to the number of places where information was recorded in the care plan and not cross referenced. For example in one person's care plan there was conflicting advice in the sections relating to the person's nutritional needs when looked at alongside the person's Malnutrition Universal Screening Tool (MUST) assessment and their weight record. This meant there was a risk that staff may provide care which did not meet the person's needs.

Staff recorded the support that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

There was a programme of activities in place for the home. These were displayed on a notice board in the home. The home shared an activities coordinator with another of its services. On the day of the inspection the activities coordinator, who had only recently taken up the post, started assessing people's recreational needs by asking them what they enjoyed doing in order to create a personalised activity plan for each person. The home's weekly activities plan was not being followed on the day of our visit. However alternative activities were provided and each person had a record of the activities they were involved in. Staff told us they regularly got involved in providing activities and had recently supported people on preparing Christmas cards to give to their relatives. During the day there were two organised activities and the majority of people were encouraged to participate and be involved. There was also a visit from an external entertainment and activities service in the afternoon that ran a session which included a quiz, poetry and a singalong session.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. When staff were giving support to people they ensured people had enough time and did not rush people. People told us that the staff in the home knew what support they needed and provided this as they needed it. We also saw that in the communal areas there was a laminated leaflet near the call bells, in large print, telling people to "press the bell for help."

People were supported to maintain relationships with their family. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the manager or staff and they would inform them of how their relative was progressing. Families we spoke with told us that they were able to visit their relatives whenever they wanted.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. In most of the bedrooms we saw, there was a simple laminated sheet of paper telling people how to complain. The leaflet was in a large font and also had a recognisable symbol to bring the leaflet to people's attention. The complaint records demonstrated that the staff responded quickly and appropriately to any concerns identified to resolve complaints.

We recommend that the provider ensures that all care plans contain sufficient information for staff to provide person centred care. This is to ensure that people's assessed needs are met and that care plans reflect people's personalised support and preferences.

Requires improvement

Is the service well-led?

Our findings

To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training. The observations identified good practice and areas where improvements were required. We saw that staff supervisions, staff training and activities for people had already been recognised as requiring improvement through the provider's own quality checks and the senior staff were working towards improving these areas. There were however areas which had not been picked up by the audit reviews into care plans such as the lack of detailed personalised support for people.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place. We did however note that not all action plans had an estimated date for completion or had been reviewed since the previous audit.

While we saw that improvements were being made to the home's systems and processes for maintaining standards and improving the service many of the changes were still a work in progress and were not yet embedded in practice.

People told us the manager and staff were very approachable and they could talk with them at any time.

The senior staff also told us they operated an open door policy and welcomed feedback on any aspect of the service. Senior staff said they felt confident relatives and staff would talk with them if they had any concerns. We also saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. Staff told us they felt well supported by the registered manager and their colleagues. We saw there were effective communication systems in place regarding staff meetings and handovers. Staff said that staff meetings were supportive in discussing and resolving staff issues. Staff told us that the managers were flexible with their work hours to enable them to work and support their family needs. All of the staff spoke well of the managers. One member of staff told us "If you go to them with a problem, they don't just listen to it, they always find a solution to a problem." Another member of staff said "They are really fair managers and we are all treated well."