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The Elms

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 7 October 2015. The last inspection of The Elms took place on 5 and 11 November 2014 when it was found not be meeting two of the regulatory requirements we looked at in medicines management and systems were not in place to regularly assess and monitor the service provided. At this inspection we found that action had been taken by the providers to improve these areas of service and all the regulatory requirements had been met.

The Elms is registered to provide accommodation for up to six people who have a learning disability and mental health needs and require support with personal care. There were five people living at the home on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal

Summary of findings

responsibility for meeting the requirements of the law; as does the provider. There were two registered managers for the home who shared the role, one of whom was the provider.

During the inspection we spoke with four people who used the service individually and a support worker. We also spoke with the registered manager and both providers responsible for the home and the improvements they had made since our last visit, for example, introducing an electronic computer system that linked the three homes, reviewing the homes policies and procedures and a new carpet fitted to the hall, stairs and landings.

People who used the service told us that they felt safe. People we spoke with said, "I am settled, safe and happy here." "I don't have any worries." "I feel safe here. Yes and I am quite happy." And "I have got used to it here and I want to stay." We saw they had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout. Some maintenance concerns were seen on the day of our inspection visit relating to plumbing and we were told these issues would be resolved as soon as the plumber was available.

People who used the service had the capacity to make decisions about their day to day lives and what they did with their time. The provider and manager we spoke demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people appropriately to make choices and decisions.

People could make choices about their food and drink and alternatives were offered if requested.

Arrangements were in place to request health and social care services to help keep people well and advice was sought when needed.

The relationships we saw between people who used the service and the staff supporting them were warm and friendly. The atmosphere was calm and relaxed.

We saw that to ensure people's right to privacy they had keys to their bedrooms and opened any letters that came to the home that were addressed to them.

People told us they had a range of individual activities that they participated in at the home and in the local community; these included, for example, attending outreach centres, a computer course at college, as well as visiting family and friends. People told us, "I like to meet [my relative] in a café in Bury." "I have been to the set of Coronation Street. I had my picture taken on the bench." "It is my birthday on Friday and I am having a party and going out for a Chinese buffet." "I am looking forward to going to Blackpool Illuminations."

We found people who used the service were encouraged to maintain their independence, wherever possible. People took responsibility for household tasks such as preparing meals, washing and drying after meals, washing their clothes, vacuuming and general cleaning. A person told us, "I do my jobs every day. I like to keep my room spotless and tidy."

Systems were now in place to regularly assess and monitor the service provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

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.

People who used the service felt safe and able to raise any concerns. The staff were confident they could raise any concerns about poor practice and these would be addressed by the provider to ensure people were protected from harm.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

People's medicines were managed well and the home was seen to be clean and tidy throughout.

Good



Is the service effective?

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

New staff received an induction, which included shadowing established staff to get to know people. They did not work alone with people until they felt safe and competent to do so.

People were supported to maintain good physical and mental health through attendance at routine appointments, for example, with doctors, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

Good



Is the service responsive?

The service was responsive.

We found people who used the service were encouraged to maintain their independence wherever possible.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

Good



Is the service well-led?

The service was well led.

Systems were now in place to regularly assess and monitor the service

Good



Summary of findings

Provided and the provider had notified us of any incidents that occurred as required.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service 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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by an adult social care inspector.

We visited the home on 7 October 2015. We spoke with four people who lived at the home, a support worker, the registered manager and both providers responsible for the service.

During the inspection we spent some time with people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included two people's care records as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. People we spoke with said, “I am settled, safe and happy here.” “I don’t have any worries.” “I feel safe here. Yes and I am quite happy.” And “I have got used to it here and I want to stay.”

The term safeguarding is used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was available on the notice board for people to view. There was also information about the local neighbourhood Police and how to contact them.

Records showed that staff had received training in the safeguarding of vulnerable adults apart from a new staff member who had only been with the service for three weeks. The new staff member who we spoke with was confident they could raise any issues and discuss them openly with the registered manager and the providers.

We looked at the recruitment files held for two new staff who were employed within the organisation. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate’s performance.

The rota’s we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home, for example, hospital appointments or activities, additional staff came in to support people. No agency staff were used at the home. This meant that people were always supported by people who knew them well and ensured good continuity of care.

We saw that there were risk assessments in people’s care records that gave information to staff about how to support people to keep them safe and minimise any presenting risks.

People showed us around the communal areas of the house. We saw that whilst the house was comfortable and homely, it was tired in appearance in parts. Since our last inspection we saw that some carpets had been replaced, including the hall stairs and landing carpets. We were told that the shower was not working and there had been a leak in one person’s bedroom. We were told by the provider that arrangements were in place to get both fixed as soon as the plumber was available.

Staff members were responsible for cooking and cleaning, as well as supporting people with daily living skills. We saw that a weekly cleaning rota was completed by them. During our inspection visit we saw that the environment was clean, tidy and there were no malodours detected. We saw that there were systems in place to prevent the spread of infection, for example, colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen.

The kitchen was also seen to be clean, tidy and well organised. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections. Fridge and freezers temperatures were all checked and recorded kept to help ensure that food was kept at safe temperatures. Food stuffs in jars, for example, jam and ketchup had a sticker on them to show when they were opened and were not used beyond their shelf life.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate. A test had been carried out on the water at the home to ensure that there was no Legionella present. A valid certificate was in place to confirm this.

Staff were responsible for the administration of people’s medicines we saw systems were in place to record what medication people had taken. We looked at the Medication Administration Record (MAR) charts for people who used the service and found these were fully completed. We saw that the homely remedies kept by the home were seen to be in date and there was a risk assessment in place for a person who regularly refused their medication or was away from the home.

Is the service effective?

Our findings

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). They told us about the training they had undertaken via the local authority for managers of services in the area.

There were no behavioural management concerns at the time of our visit and physical intervention techniques were not used. One person had consented to a restriction being put in place around their money being given to them on a daily basis. The person told us, "I am happy with that as I don't run out." They also said this restriction had been put in place to help them manage an issue that impacted on their health and well-being.

Information was available to staff about MCA, DoLs and safeguarding was shared with staff at team meetings and they signed to say they had seen it.

We talked with a new staff member who was supporting people who used the service on the day of our inspection visit. They told us about the support they had received since they had started to work at the home to help enable them to support people safely and effectively. The member of staff told us they had shadowed an existing member of staff for a number of weeks to help them to get to know people and the day to day routines of the home before working alone with people. They said they were encouraged to tell the registered manager and the providers if they did not feel comfortable and safe to support people.

The staff member told us that the registered manager and the providers were always contactable should they need additional support. We were told by the staff member that a verbal handover took place at every shift change so that staff knew what support people needed from them.

We looked at the organisations staff team training record. This showed that staff had received basic training in food hygiene, health and safety, first aid, fire awareness, infection control, medication moving and handling, dignity, safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). Most of the basic

training had been completed through the local authority training partnership. This was confirmed on the team training record we saw. The new member of staff that we talked to had yet to start this training.

Two of the four staff who worked regularly at the home had recently completed a Qualification Credit Framework (QCF) Level 2 in care for the learning disability pathway.

We spent time in the kitchen and dining area, which was the 'hub of the home' with the four people who were home at the time of our visit. People told us they were happy with the food provided. We saw that there was plenty of food available to eat and people confirmed that was always the case. The provider told us that food was ordered online and delivered to the home once a week. People told us they could go to the local shops if they ran out of anything.

There was a five week rotating menu that showed one choice for the main meal of the day. However we were told that the menu could be changed if people wanted something different and we saw a record was kept of what people actually had eaten. Staff had access to a record of people's food and drink likes and dislikes to help plan meals.

People told us they could access the kitchen at any time to get a hot drink and a jug of cold juice was always out and available for them to drink. A bowl of fresh fruit was placed on the kitchen table.

Some people told us that they were involved in helping to prepare and cook meals either for the group or for themselves. There were no concerns about people's weight of any people who lived at the home and no special dietary needs were in place.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check-ups were recorded. People told us they were supported by staff to attend these appointments. One person was being supported to attend a doctor's visit on the day of our inspection visit. Routine check-ups with health care professionals helps to promote good physical and mental health. One person showed us their new glasses, which they were pleased with and had started to wear.

Is the service effective?

We saw that people had a health action plan in place which gave information about their health needs. There was also a 'traffic light system information pack' available to give staff at hospital all the information they needed about the person should they need to be admitted.

Is the service caring?

Our findings

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. A person told us, “I like the new member of staff, she is really nice.” Another said, “I get on alright with the staff.”

People we spoke with told us they got on well together as a group. A person who was new to the service told us they had been made to feel very welcome at the home and they had made new friends. People told us, “I like [the new person] and I will look after them.” And “I have made a new friend in [the new person].”

People looked well cared for and were well dressed. We saw that to ensure people’s right to privacy they had keys to their bedrooms and opened any letters that came to the home that were addressed to them.

It was clear from discussion with the new support worker that they already had a good understanding of people’s individual care and support needs. They told us that people were, “Individual characters with individual attributes.”

People had contact with a local advocacy group for people who have learning disabilities called People First.

We saw that personal information about people who lived at The Elms was stored securely which meant that they could be sure that information about them was kept confidential.

Is the service responsive?

Our findings

We looked at the care records for two people who used the service. We saw there was a community care assessment and care plan that had been undertaken by health and social care professionals. This should help ensure staff were able to respond appropriately to people's needs.

We looked at the care records of a new person who had recently come to live at the home. The support plan covered a range of areas which included my physical health, my mental health, where I live, my money, my hobbies and leisure activities and what I do in the day. It also contained a section about 'what is important to me'.

The person confirmed that they had been involved in developing their plan and the information about them was correct and they had signed to confirm their agreement to it.

People told us they had a range of individual activities that they participated in at the home and in the local community; these included, for example, attending outreach centres, a computer course at college, as well as visiting family and friends. People told us, "I like to meet [my relative] in a café in Bury." "I have been to the set of Coronation Street. I had my picture taken on the bench." "It is my birthday on Friday and I am having a party and going out for a Chinese buffet." "I am looking forward to going to Blackpool Illuminations."

We found people who used the service were encouraged to become as independent as possible with staff support tailored to meet their individual needs. Wherever possible, people took responsibility for household tasks such as preparing meals, washing and drying dishes after meals, washing their clothes, vacuuming and general cleaning. This helped to support people to maintain or develop their independent living skills. One person told us, "I do my jobs every day. I like to keep my room spotless and tidy." Another person told us that since they had moved into the home they had been supported to use new bus routes to the outreach centre and they could now do this independently.

There had been no complaints about the service. People told us that they had, "No worries or concerns" and if they did they could speak with any of the staff. The provider had a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback.

The new support worker told us they were encouraged to raise any concerns they had with the registered manager and the providers. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately, with the support of managers.

Is the service well-led?

Our findings

The role of registered manager was shared between two people one of whom was one of the providers [owner] 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission incidents that happen, for example, safeguarding and serious injury. We checked our records and saw that the registered managers for this service had done this appropriately when required.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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.

Before our inspection we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions. The providers were clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community.

One of the providers who was also a registered manager told us about the training they had undertaken recently to

ensure their continued professional development. This included the completion of a post graduate 'Applied Psychology of Intellectual Disabilities' degree, as well as refresher mandatory training as required.

The provider also attended local partnership meetings and was a member of the local learning disability strategy group. This helps them to keep up to date with changing legislation and guidance as well as share ideas about best practice. The provider told us that this information was shared with staff at team meetings. There was a staff meeting being held for the staff of all the providers' three homes on the day of our inspection visit.

We saw that the providers had recently sent out their annual quality assurance questionnaires to people living at the home, people's relatives, staff and health and social care professionals and feedback had started to be received by them.

At our last inspection we were told by the local commissioning team and by the provider in their PIR that there were shortfalls in quality monitoring and assurance processes, though efforts were being made to make improvements. At this inspection we were informed by local commissioners that the home had achieved a Grade A from them at the last quality review undertaken by them and the action plan had been completed.

We saw that new systems had been put in place and annual tracker sheet was being used to remind staff of what action they needed to take. We were told by the providers that staff had been involved in this process and they confirmed this to be the case.

We also saw that the provider had made significant headway with the electronic computerised system that had been purchased since our last inspection visit. The computerised system had been set up in each of the provider's three homes and included audit information and all the homes policies and procedures. Plans were in place to add person centred planning documents for people who used the service into the new system. This system could be monitored remotely by the providers.