St. Elmo Care Homes Limited

St Elmo Care Home

Inspection report

Gorley Road
Poulner
Ringwood
Hampshire
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Tel: 01425472922

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17 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 the 15 and 17 November 2016 and was unannounced.

St Elmo Care Home is registered to provide care for up to 23 people. There were 23 people using the service at the time of our inspection including people living with dementia. The accommodation was spread over two floors.

The home had a registered manager in place. 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.

Recruitment checks needed to be more robust and include all of the requirements laid out in the Regulations.

People told us they felt safe and staff were aware of the procedure to take if abuse was suspected.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed.

There were enough staff deployed to meet the care and support needs of the people living in the home. The registered manager monitored staffing levels on a monthly basis to ensure appropriate numbers of staff were deployed.

Medicines were stored, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records. The manager regularly audited the medicine records.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When people were assessed as unable to make decisions for themselves the requirements of the MCA 2005 had been followed. DoLS are put in place to protect people where their freedom of movement is restricted to prevent them from possible harm. The registered manager had taken appropriate action for people who needed their movement restricted.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

Care records were person-centred and reflected people's needs. People were supported to follow their interests and take part in social activities.

People and their relatives thought that the home was well-led. They all spoke positively about the registered manager, their deputy and the staff team.

There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The results of these audits were monitored by the management team, who acted on the results to improve the quality of the service and care.

Complaints policies and procedures were in place and were available to people and visitors. Relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment practices had not ensured that all pre-employment checks were completed before new staff commenced working in the home.

There were systems in place to minimise risks to people and to keep them safe. Staff knew how to recognise and report any potential abuse.

There were enough staff deployed to meet people's care and support needs safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

A variety of food and drink was available at the home and specialist diets were supported.

Is the service caring?

Good

The service was caring.

People had developed positive, caring relationships with staff.

People were treated with dignity and respect and staff respected their right to privacy.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and reflected people's needs.

People were supported to follow their interests and take part in social activities

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Notifications were routinely submitted to the Care Quality Commission when required.

Staff told us they were supported by the management team.

Quality assurance checks were carried out to identify if improvements were required.

St Elmo Care Home

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 the 15 and 17 November 2016 and was unannounced. The inspection was carried out by one inspector.

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 other information that we held about the service. This included the provider's previous inspection reports and notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with four people, two relatives, four staff members the deputy manager and registered manager. We looked at the care records of five people, five staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

Requires Improvement

Is the service safe?

Our findings

Whilst people told us they felt safe, we found that safe recruitment practices were not always followed. The registered manager had not always completed the required recruitment checks before staff commenced work. We found some staff had commenced work without all the appropriate checks or risk assessment being carried out to mitigate any risk. These checks and assessments are to assist employers in making safer recruitment decisions.

We recommend that the registered manager follows good practice guidance for the safe recruitment of staff in the future and follows the provider's policies and procedures on the safe recruitment of staff.

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These provided staff with guidance on how to respond to and report any safeguarding concerns. Staff we spoke with confirmed they had received safeguarding training. They were able to tell us the potential signs of abuse, what they would do if they suspected abuse and who they would report it to. For example, one staff member told us, "If I had any concern I would report it straight away to the manager." Another said, "I would speak to the manager or deputy telling them of my concern. I know they would take the correct action to keep people safe."

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example, the home had a fire risk assessment in place. Staff received fire training on their induction and had fire safety training. All equipment was inspected, serviced and maintained appropriately. Every resident had a personal emergency evacuation plan (PEEP) for use in the event of fire or other emergency. Individual risk assessments were completed for people who used the service. For example, people at risk of falls, or those with poor mobility had clear guidelines in place for staff on how to minimise the risk of injury or the person falling.

Policies and procedures were in place to support the safe administration and management of medicines. Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies and the guidance on when to administer "as required medicine". Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. People's medicines were securely stored and care staff had received appropriate training in the administration of medicines. Medicine audits were completed regularly. These looked for any omissions on the MAR charts or any errors in the administration of medicines. Where omissions or errors had occurred, systems were in place to take appropriate actions, such as further training for care staff.

There was sufficient staff deployed to support and meet the needs of the people living in the home. During the inspection we saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move around the home. Staff were relaxed and unrushed and allowed people to move at their own pace. The manager regularly monitored the staffing

levels by using a dependency tool to assess the needs of the clients and colour coded those that needed extra support as an aide memoire to staff.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us it met their needs. For example, one person told us, "The staff are very good they know how to help me, they know what they are doing."

New staff undertook a period of induction before they were assessed as competent to work on their own. The staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. One staff member told us, "I found the induction useful and it gave me the skills and knowledge to do the job." There was a rolling programme of training which included safeguarding, moving and handling and mental capacity. Records showed that staff were up to date with training.

Staff received regular supervision and an annual appraisal. All staff told us they welcomed feedback on their performance. Supervision notes were recorded and annual appraisals held. One staff member told us, "I have regular supervision and an annual appraisal. I am involved in both and find them useful in developing my understanding and skills."

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood the principles of MCA 2005 and DoLS. Staff had a good understanding with respect to people's choices and consent. We could see that consent to care had been given by people or, where appropriate, their relatives, and signed documentation was present in care plans to evidence this. These documents covered areas such as consent to treatment and sharing information. One staff member told us, "We always assess the capability of the person to make a decision and if not make a best interest decision.

People were provided with a well-balanced and nutritious diet. People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals
had been made to the GP and dietician as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition or dehydration and appropriate actions put in place. We spoke with the cook who was aware of people's nutritional requirements and how these were met with fortified food or a specific diet. The cook told us, "We pay great attention to how we prepare food and if food needs to

softened we try ensure the texture is good and adapt the menu so we can offer a good variety."

We observed the lunchtime meal in the two dining rooms. The atmosphere was relaxed and there were a choice of meals and drinks available. People were asked what they would like to eat and drink. Staff provided support to those people who needed assistance to eat and drink. We observed staff took their time and did not rush people. One person told us, "The food is very good I have no complaints." A relative told us, "The food seems good, cakes are very good."

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses, and podiatrists. Referrals to health professionals had been made in a timely manner and these visits were recorded in people's care records.

Good

Is the service caring?

Our findings

We observed the service had a friendly and welcoming atmosphere. Staff were enthusiastic about their job and understood their role in providing people with compassionate care and support. We observed staff taking action when people required support. For example, when one person expressed they were cold, a member of staff went and fetched a cardigan from the person's room. A relative told us, "The care is brilliant, staff are always friendly and helpful."

People's privacy and dignity were respected. One person said, "Staff are always caring and call me by my preferred name." People could spend time alone in their room if they wished, or join others in the lounge. We observed staff knocking on people's doors and awaiting for a response before entering which appeared to be normal practice.

During the inspection we saw staff promoted people's independence where possible. Staff gently encouraged people to do things for themselves such as eating and drinking and using the toilet. Where necessary people used adaptive aids such as cutlery, cups and walking frames to maintain their independence. One staff member told us, "We do all we can to maintain people's independence as much as possible."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "I can visit anytime and have the code to access the home; I have been told that I am welcome anytime and just need to tell staff when I arrive."

Good

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and their relatives. The provider assessed people's needs before people moved into the home.

Care plans covered a range of people's care needs such as diet, mobility, medicines, mental and physical health and social needs. They were reviewed and updated regularly. People's care plans contained information about people's personal history, individual preferences and interests. The staff we spoke with told us they had access to care records and that they were easy to follow.

Care plans contained details of how individual conditions were managed. For example, the care plan for one person who was at risk of pressure sores contained an explanation of the need to regularly turn the person and how this should be managed. This meant that staff knew what support the person needed with this condition.

We spoke with staff that were extremely knowledgeable about the care that people received. Staff were responsive to the needs of people who used the service and people and relatives that we spoke with confirmed this. One relative told us, "The staff take their time to get to know what care people need and involve me and [person's name] in any decisions or reviews of care."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. During our inspection, we saw that people had visitors and were encouraged to participate in activities of their choice.

The service had an activities co-ordinator. A programme of activities are held regularly and displayed in the reception area. People were asked what activities they would like to do. During the inspection we observed people participating in a sing along with a musician who visited the home on a regular basis.

People told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak to the manager or deputy if I was unhappy." A relative told us, "I have no reason to complain the service is excellent. But I would speak to the manager if I needed to complain." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the manager for the service checked any complaints received as part of their regular quality audit.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well led. One person told us, "I like it here it feels like home." A relative told us, "The home is far better than others I have experienced. The manager or deputy are always available and happy to discuss anything."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and was supported by the deputy manager and senior staff. Staff spoke highly of the registered manager. One staff member told us, "The management support the staff really well and are very approachable." Another said, "I have been very well supported by the registered manager and I wouldn't want to work elsewhere."

Staff told us staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and the needs of people who lived at the home were discussed with staff. One staff member told us. "I think most of the staff find the meetings useful and the manager encourages staff to discuss anything they want."

The home had been successful in obtaining the Beacon Award in 2016, which is part of the Gold Standard Framework for end of life care. The home had to work together in a coordinated and collaborative way with other health professionals and organisations to maintain the quality and outcomes for people. For example, reducing the need for hospital admission and taking into account people's preferences and wishes.

There were systems in place to regularly monitor the quality and safety of the service being provided. These included checks on people's medicines records and their plans of care, accidents and incidents that had occurred and health and safety within the home. The time taken for staff to respond to call bells and sensors were also being monitored regularly and any found to be overly long, the reason for the delay was reviewed and any issues identified rectified. Checks carried out enabled the registered manager to provide a safe and continually improving service.

The manager has reviewed and updated the homes recruitment policy to reduce the risk of staff not being employed without proper checks being carried out first and if necessary risk assessment being carried out to mitigate any risk.

The registered manager and deputy manager were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of any updates in legislation that affected the service. The service's policies and operating procedures were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially.