

Mr H and Mrs I Stanbury

Elmslea Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 12 August. After that inspection we received information of concern in relation to the service.

As a result we undertook a focused inspection to look into the concerns. The concerns were about staffing levels and inaccurate rotas, lack of assessments of people's capacity to make decisions for themselves, some policies and procedures lacking sufficient detail, a policy requesting people not to make 'false allegations', lack of safeguarding training and staff supervision. There were also concerns that health and social care professionals were not able to meet with people, and that people were coerced into doing activities the staff or registered manager had chosen for them.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmslea Care Home on our website at www.cqc.org.uk.

Elmslea Care Home provides care and accommodation for up to 11 people, some of whom have mental health issues or a learning disability. On the day of the inspection nine people were living at the service. Elmslea was in the process of changing the type of service they offer to supported living. Some people were already receiving support through the new service type.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Elmslea and that staff respected their decisions and were kind. Staff were able to describe how they supported people with their individual choices. People told us they chose how to spend their time and felt safe communicating this to staff. Staff were able to give examples of when they had respected people's decisions about daily activities. People were able to see health and social care professionals when they wanted to. The registered manager supported them to have their relatives or representatives present when important decisions were being discussed.

People's records reflected what choices they had made on a daily basis. The registered manager was aware of the requirements of the Mental Capacity Act 2005 and had followed these in practice.

The registered manager and staff felt confident recognising and reporting signs of possible abuse. The provider had safeguarding and complaints policies in place which were discussed at residents' meetings to help people understand them. However, the policies lacked detail about how to make a complaint or report abuse, and what steps would be taken to help ensure people were listened to and supported. The registered manager told us they would update them immediately.

Staff confirmed they felt well supported by the registered manager and saw them regularly. There were sufficient staff on duty to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the service.

People were protected from bullying, harassment, avoidable harm and abuse that may breach their human rights. Staff were trained to recognise and report any signs of abuse and would act to protect people.

People told us there were enough staff to meet their needs. Staff confirmed this. However, the registered manager intended to make improvements to the detail on the staffing rota.

Is the service effective?

Good ●

People's human rights were protected because the registered manager was aware of the requirements of the Mental Capacity Act 2005. However, as no-one lacked capacity to make their own decisions, no mental capacity assessments had been required.

Staff felt well supported by the registered manager and saw them every day.

People were able to see health and social care professionals when they wanted to. The registered manager supported them to have relatives or representatives present when discussing more important decisions.

Elmslea 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at concerns raised about the service.

We undertook a focused inspection of Elmslea Care Home on 20 June 2016 and 12 July 2016. This inspection was carried out after concerns were raised. We inspected the service against two of the five questions we ask about services: is the service safe? and Is the service effective?

The inspection was undertaken by one inspector and was unannounced.

Before our inspection we reviewed the information we held about the service, including notifications received and concerns raised.

We spoke with three staff members and the registered manager. We also spoke with two people who lived at Elmslea Care Home. We looked at two people's care records, the staffing rota, policies and procedures and other documentation related to training and the management of the service.

Is the service safe?

Our findings

Concerns had been raised with us about staffing levels and inaccurate rotas, some policies and procedures lacking sufficient detail, a policy requesting people not to make 'false allegations' and lack of safeguarding training. Further concerns were also raised about people being coerced into doing activities the staff or registered manager had chosen for them. During this inspection we focused on these concerns only and did not look at all the key lines of enquiry we would look at during a comprehensive inspection.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmslea Care Home on our website at www.cqc.org.uk.

At this inspection we found staffing levels were sufficient for the needs of the people living at Elmslea and that staff and the registered manager had attended safeguarding training. We found that the safeguarding and complaints policy needed more detail and a policy about false allegations was in place. People told us they were not coerced into doing activities they didn't want to and staff gave examples of when people had been supported to make their own decisions

People told us they felt safe living at Elmslea. People were supported to understand what to do if they wanted to report abuse. This was discussed in resident's meetings; and a video had been used to help people understand what abuse was and what to do if they had any concerns. People also discussed in resident's meetings what to do if they were unhappy or wanted to complain. People told us they felt comfortable discussing concerns with staff. One person told us, "I've spoken to [...] about all sorts of things. They listen and help out. The staff are kind and caring."

The safeguarding and complaints policies did not specify what actions would be taken to ensure the person was listened to and supported. The registered manager told us they would include more detail in the policy. There were safeguarding posters and leaflets available in the hallway for people and a folder was available for staff which contained relevant contact details for reporting safeguarding concerns. A false allegations policy had been used to try to explain to people the problems that could be caused by a false allegation. This may have made people reluctant to raise concerns in case it was considered to be false, so the registered manager agreed to remove this policy.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff members told us they were confident they would recognise these signs. One member of staff commented, "Their whole aura would be different." Staff had attended safeguarding training. The registered manager told us they had attended training for managers delivered by the local council which incorporated safeguarding training. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. One staff member told us, "You wouldn't just let it lie. You'd do something about it."

People told us they were not coerced by anyone into taking part in activities they did not want to do. People said they felt safe choosing how they spent their time, without pressure from staff or other people. One person gave an example of how they had changed their plans for that day without any problem. They told us, "[...] was going to a local town for an appointment, so we decided to go too for a change. We went shopping and out for lunch. I bought some bedding to match my bedroom because I've changed it all." Another person told us, "I chose to go too; I could have stayed here or done something else." They described the activities they took part in each week saying, "No-one else tells me I have to go. I just go. I don't always tell them when I'll be back; I just come back when I'm ready. I don't like to sit around." Staff members told us they had never witnessed anyone being pressured into taking part in activities or tasks they weren't happy with. One staff member commented, "The activities are very individual to each person and are designed around what they want. Recently one person stopped doing the gardening. They'd enjoyed it until then but stopped when they didn't want to go any more. It's their decision."

Residents meetings were used to help encourage people to feel confident expressing their views without fearing discrimination. For example, during one meeting some people said they wanted to take part in a computer course or a group holiday and others said they didn't. The registered manager told us, "One person has recently decided to start a film night for everyone. They do it every week unless there's something else happening they want to do." The registered manager told us they were aware of people who sometimes made choices based on what they thought other people wanted. They told us, "If this happens, we give them choices and time to decide and sometimes they change their minds again afterwards, but that's ok."

Concerns were raised that the rota was not reflective of the actual staff on duty, and that the number of staff actually on duty was not sufficient. People at Elmslea were independent and went out without staff support. This meant there were times when very few staff were required in order to meet people's needs. People and staff confirmed there were always enough staff on duty to meet people's needs and there was always a staff member at the home. The staff rota showed the registered manager and nominated individual were rota'd to work all day, every day. This was not the case in reality as they sometimes left the service to carry out personal tasks. The registered manager confirmed they would only go out if there were sufficient staff on duty to meet everyone's needs. They told us they would specify on the rota which hours they were actually working in the future, so it was clear when they would be present at the service.

Is the service effective?

Our findings

Concerns had been raised with us regarding staff supervision and people's assessments concerning their ability to make decisions for themselves. A concern had also been raised about health and social care professionals not being allowed to meet with people. During this inspection we focused on these concerns only and did not look at all the key lines of enquiry we would look at during a comprehensive inspection.

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At this inspection, the registered manager told us people could make decisions for themselves and therefore their capacity had not been assessed. Staff told us they did not have regular one to one supervisions but that they saw the registered manager every day and felt well supported in their role. We found people were able to see health and social care professionals as needed and at their request. When professionals requested to meet with people regarding important decisions, the registered manager asked that they arrange a time when the person's relative or representative would also be available to support them.

Concerns were raised with us that people did not have mental capacity assessments in place, as required by the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was aware of the responsibilities under the MCA. They explained that nobody living at the home lacked the capacity to make their own decisions, so no assessment of people's capacity had been necessary. This is consistent with the principles of the MCA which indicates that we should presume capacity unless it is established as lacking.

The registered manager told us staff did receive one to one supervision but that this was not carried out formally on a regular basis. They told us, "We do supervision as we go along. We pick up things, whether it's a concern or staff need advice." The registered manager told us in the future, they would record times when they supervised staff in their work and use these records to inform more formal one to one supervisions and annual appraisals. Staff confirmed they saw the registered manager every day and received good support from them. One staff member told us, "They're very hands on and very approachable." They also confirmed team meetings were held regularly where they could discuss people's needs and raise any concerns.

The registered manager told us people had contact with health and social care professionals whenever required. They explained that, in order to ensure people's wishes were advocated for, they asked

professionals to arrange times when people's relatives or representatives were available, especially if important decisions were being discussed.