Mrs Jaywantee O'Farrell

Elm House Residential Home

Inspection report

7 Elm Close
Bolsover
Chesterfield
Derbyshire
S44 6EA

Tel: 01246826230

Date of inspection visit:
15 September 2017

Date of publication:
24 October 2017

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

Summary of findings

Overall summary

This unannounced inspection took place on 15 September 2017.
Elm House provides accommodation with personal care for up to eight people with learning disabilities. The home is situated in the market town of Bolsover and is a two floor property with a number of communal areas and large garden available for people to use. There were eight people in residence when we inspected.

At the last inspection on 28 May 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was 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 were safe. There were sufficient numbers of experienced and trained staff to safely meet people's assessed needs.

People's needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. Care plans were personalised and reflected each person's individual needs and provided staff with the information and guidance they needed to manage risk and keep people safe. Risks to people's safety were reviewed as their needs and dependencies changed.

People received care and support from staff that knew what was expected of them and they carried out their duties effectively and with compassion. People were treated equally and shown respect as individuals with a range of needs that came together from a diverse backgrounds.

People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. They were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening.

People's individual preferences for the way they liked to receive their care and support were respected. People were encouraged and enabled to do things for themselves by friendly staff that were responsive and attentive them. They had insight into people's capabilities and aspirations. People's capacity to make informed choices had been assessed and the provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support.

People were encouraged and supported to use community facilities and attend day centre activities and work placements.

People had enough to eat and drink. People who needed encouragement and support with eating a healthy diet received the help they required.

People that required support with taking medicines received the help they needed. Medicines were appropriately and safely managed and staff had received the training they needed in the safe administration of medicines. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People had access to community healthcare professionals and received timely medical attention when this was needed. There were appropriate arrangements in place for people to have regular healthcare check-ups.

People, and where appropriate, their family or other representatives were assured that if they were unhappy with the care provided they would be listened to and that appropriate action would be taken to resolve matters.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Elm House Residential 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 unannounced inspection was carried out by one inspector and took place on 15 September 2017.

Before the inspection, we reviewed the information we held about the service. This included the last inspection report in 2015. We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks them to give some key information about the service, such as what the service does well and improvements they plan to make, and this was taken into consideration. We also reviewed statutory notifications and safeguarding alerts. A statutory notification is information about important events which the service is required to send us by law.

We spoke with four people using the service and looked at their care records. We spoke with the deputy manager who was in-charge when we inspected, and three other staff involved in supporting people. We also met and spoke with an external assessor who was visiting the home to meet with a staff member working towards further qualifications in care.

We reviewed a range of records in relation to how the home was managed, such as maintenance records, medicines administration records, and people's daily support records. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service by the provider and senior staff.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the communal accommodation and facilities in the

home, as well as the garden, and two people showed us their bedrooms.

Good

Is the service safe?

Our findings

People's needs were safely met. All the people we spoke with said they felt safe. One person said, "They [staff] know what to do so I feel really safe." People were at ease in the company of staff.

The provider had ensured that there were sufficient numbers of experienced and trained care staff on duty. People were protected by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

People's care plans provided staff with guidance and information they needed to know about people's needs. Staff knew how the service was to be provided to each person they supported. Care plans were individualised and reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred. A range of risks were assessed such as ensuring that when a person needed support to access community facilities they were accompanied, where necessary, by a competent staff member that knew the person's vulnerabilities and what to do to keep that person safe. There were also risk assessments in place, for example, to guide staff on the safe management of medicines for people that required prompting and supervision when taking their medication.

People received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the necessary training.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People knew what to do in the event of a fire or emergency. We saw personal emergency evacuation plans (PEEP's) for each person were in place and emergency 'grab cards' that were kept up-to-date with need to know information. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire practice throughout the year. All appropriate servicing and testing of electrical and gas systems had been carried out. We saw care plans included information for emergencies and ill health.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills as well the training they needed to care for people with a range of needs arising from their learning disabilities. They had a good understanding of each person's holistic needs and the individual care and support people needed to enhance their quality of life. People told us about their activities and one person spoke about the work he did in the community. One person said, "I like them [staff] all. They help me do things I want to."

The Mental Capacity Act 2005 (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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).Staff were able to explain their roles and responsibilities in relation to the MCA.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. The people we spoke with had capacity and everyone was encouraged and enabled to make their own choices about how they wanted to receive their support.

Staff acted in accordance with people's best interests. Timely action had been taken by staff whenever, for example, there were concerns about a person's health or behaviours that affected their quality of life or put them or others at risk. Action taken was in keeping with the person's best interest, with the appropriate external healthcare and social care professionals involved as necessary.

People enjoyed their meals, and had enough to eat and drink. Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. No-one required a special diet arising from cultural or religious needs. People had free access to the kitchen and were encouraged and supported to participate in preparing meals and making choices that in keeping with their likes and dislikes.

People's physical health was promoted and staff enabled people to access their local GP surgery when required. Each person had regular healthcare check-ups. One staff member said, "We get to know them [people using the service] really well over time so we can see when someone is a bit 'under the weather' just by their demeanour. Mostly they tell us anyway but we make sure they get the check-ups they need."

Good

Is the service caring?

Our findings

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. When talking with people staff presented as being interested in what people had to say about their day. Staff used words of encouragement that people responded to positively. People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome. Each person we spoke with said they liked living at Elm House. One person said, "This is where I live and I like it here. I like coming home when I've been out doing things."

People's dignity and right to privacy was protected by staff. People's support needs were discreetly managed by staff so that people were treated in a dignified way and with respect for their individuality. We saw that people and staff positively engaged with each other in a friendly way.

People were supported to do things at their own pace. Staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person needed their support.

Behaviours, such as verbal outbursts directed towards others were calmly and sensitively managed by staff who were mindful of 'triggers' that sometimes caused a person to get upset. Staff knew how to work with people in a kind, thoughtfully measured way, whenever such behaviours occurred so that people were treated sensitively and appropriately. People said they would speak to the staff if they were worried or unhappy. One person said, "If I'm upset I tell them [staff]. They listen to me and I'm okay then."

People's individuality was respected by staff. They used people's preferred name when conversing with them. Staff were able to discuss how they facilitated people's choices in all aspects of their support, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves.

Good

Is the service responsive?

Our findings

People received individually personalised care and support. People's individual support needs had been assessed prior to their admission to the home. They received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. Staff were knowledgeable about the people they supported and used shift handovers to make sure that their colleagues were kept up to date with people's needs. One staff member said, "Handover information is really important. We find out what has happened on the previous shift and if there's anything we really need to keep an eye on so that everyone gets the support they need."

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves, their aspirations and interests, and the support they needed to be able to put this into practice.

People had a range of activities that were organised to suit each individual and varied on a daily basis. People attended work and day centre activities in the community. Care staff also coordinated and organised outings to community facilities in the local area, such as shops and recreational venues.

Each person had their own individual activity plans that they were supported with. These activities suited people's individual likes, dislikes and were tailored to their capabilities and motivation. Care plans were regularly reviewed and updated information showed that people's individual needs and preferences had been taken into account and acted upon with the person's involvement.

People were supported to visit family and friends and visitors to the home were welcomed. People's relatives continued to be encouraged to take an active part in people's lives and decision making.

People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There had been no complaints from people using the service since we last inspected.

People without family or other significant persons to speak up for them had access to advocacy services.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected. They had the necessary knowledge and experience to motivate the staff team to do a good job. Although the registered manager had not been present when we inspected the deputy manager presented as knowledgeable and approachable. Staff said there was always an 'open door' if they needed guidance from any of their colleagues, including the registered manager and deputy manager. The deputy manager said the provider, who was also the registered manager, was supportive and approachable. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the provider. There continued to be good communication between all relevant agencies who worked in partnership for the benefit of the people living at the home.

People's care records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

People's care records were appropriately kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed.

People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. This included, for example, internal audits of people's care records for accuracy and information content.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.