

Elmsfield House Limited

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Inspection report

Elmsfield House
Holme
Carnforth
Lancashire
LA6 1RJ

Date of inspection visit:
05 April 2019

Date of publication:
17 May 2019

Tel: 01539563896

Website: www.elmsfieldhouse.co.uk

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

About the service:

Elmsfield House is a residential care home that has recently changed its registration to include nursing care. It provides nursing and residential care for up to 28 older people, some of whom are living with dementia. At the time of this inspection no one was receiving nursing care and there were 19 people receiving personal care. The home is a Georgian property that has been suitably extended to accommodate people with nursing care needs. There is a large garden that includes a separate social club house for people living there and car parking.

People's experience of using this service:

We have made a recommendation that the provider reviews all the policies and procedures to ensure they include current legislation.

There were sufficient numbers of suitably qualified staff to meet people's needs in a timely manner. People and their relatives told us there were always enough staff available to assist them. One person told us, "If I use my call bell staff come within the minute." Staff had completed training that enabled them to deliver good care and support to people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Medicines were stored and managed safely and people received their medicines as they had been prescribed.

People's individual preferences for food and drink were catered for and this included people's specific health and dietary requirements. Staff gave the right level of support to those who required extra help with eating and drinking. One person told us, "The food varies but is quite good overall and you can get something else if you prefer to."

Care provided to people respected their privacy, dignity and promoted their independence. It was clear from our observations that staff knew people's needs well. Kind and friendly interactions were observed taking place. One person told us, "It's a lovely place to live, I feel safe and comfortable." A relative told us, "Things have greatly improved and we cannot fault the place."

The home employed an activities coordinator and there was a varied activity programme that people could partake in if they chose to. There was a purpose built outdoor building that had been furnished to provide a social club for people.

There was a particularly strong emphasis on continuous development and improvement of the service by the provider and registered manager that included the environment and the recent implementation of

electronic care records.

The provider used a variety of audits that demonstrated the service was monitored and safe for people to live in. Feedback about the service was regularly collected and the home produced a regular newsletter to keep people and their relatives informed.

Rating at last inspection:

At the last inspection the service was rated requires improvement published 4 April 2018.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 had improved to good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service had improved to good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service had improved to good.

Details are in our Well-led findings below.

Elmsfield House Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two adult social care inspectors.

Service and service type:

Elmsfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups. We used a planning tool to collate all this evidence and information prior to visiting the home.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two relatives/visitors, four people who used the service, three staff

members, a visiting social care professional, the registered manager and the clinical lead.

We reviewed six people's care records, eight staff personnel files, audits and other records about the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We requested additional evidence to be sent to us after our inspection. This included the fire risk assessment and confirmation of the training staff had completed. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection we recommended the provider reviewed the dependency needs of people to ensure the numbers of staff on each shift were sufficient to meet people's needs in a timely manner. At this inspection we saw there were adequate numbers of differently skilled staff on each shift to meet people's needs in a timely manner.
- There were enough staff deployed to meet people's needs safely. People and visitors to the home told us they thought there were sufficient staff. Staff were visible around the home all day and staff answered promptly.
- The provider followed safe recruitment processes. We checked the recruitment files for eight members of staff who had commenced employment since we last inspected. The registered manager and provider carried checks of suitability to be employed to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People who lived in the home and relatives/visitors told us it was a safe place to live.
- Policies and procedures were available to guide staff on how to identify and report concerns. Staff had received safeguarding training and where necessary appropriate referrals had been made to local safeguarding team.
- The registered manager had sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff identified and managed risks relating to people's care and treatment safely. People's care records were current and gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting.
- The registered manager reviewed all accidents and incidents to ensure appropriate actions were taken. Records showed the appropriate treatment had been sought. The registered manager and staff reassessed risks and, where lessons had been learned, these were shared throughout the staff team.
- We saw there was sufficient, suitable equipment to assist people who may have limited mobility and this had been regularly serviced.

Using medicines safely

- Medicines were managed safely.
- Medicines were stored appropriately and administered by staff who had received the appropriate training

to do so. We observed people received their medicines safely and as prescribed. The provider had auditing systems to monitor the management of medicines and the local pharmacy completed regular checks.

Preventing and controlling infection

- The home was clean and well maintained. Staff had received training on infection control and understood their responsibilities. We observed staff used appropriate protective wear to prevent cross infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- At the last inspection we made a recommendation the provider reviewed the best interest decision making process to ensure it followed the MCA guidance. During this inspection we saw consent to care and treatment in the care records had been signed by people with the appropriate legal authority.
- We saw improved records that showed best interest meetings were held to assist people, who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged.
- We saw people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed and documented people's needs and preferences in relation to their care and planned care based on this.
- One relative commented, "The staff are amazing" and that their relatives quality of life was far better living at the home.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Staff completed care interventions, such as re-positioning to prevent pressure ulcers, consistently.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to carry out their role effectively. Staff told us they felt their training needs were adequately met. One said, they felt very supported in developing into a more senior role.

- Staff training records showed what training had been done and what was required. We saw that each member of staff had an induction programme, regular supervision, appraisal and ongoing training.
- Staff attended regular meetings that supported them in their work.

Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people to maintain a balanced diet. Staff prepared meals that met people's preferences and dietary needs. People told us the food served was good. One person said, "The food is very good, nice cooking and a good choice."
- People could choose where to eat their meals and received the right level of assistance.
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating. Where necessary staff had referred people to their GP or to a dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access health care services and support

- The service worked effectively with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services.
- Staff supported people to access health care services and professionals as when they when they needed to.

Adapting service, design, decoration to meet people's needs

- The home had been newly decorated and people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.
- A new building in the garden had been adapted and furnished to provide a social club that was used for a variety of events including a weekly pub quiz.
- Areas of the home had easy read signage to help in meeting the needs of those living with memory problems.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. People told us staff treated them with kindness, respect and compassion and made many positive comments about them always being polite and helpful. One person said, "The staff are very friendly, they all seem to know what I need doing."
- People told us they had been supported to maintain relationships that were important to them and in following the religions of their choice. Relatives told us how they could visit at any time and were made to feel very welcome. There were regular church services arranged for all denominations.
- A relative commented that the staff and the registered manager, "Protected people's humanity and dignity sometimes in difficult circumstances" following the death of their relative in the home.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make choices about the care delivered to them. Care records showed care planning was centred on people's individual views and personal preferences.
- Where necessary, independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can support a person to share their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their skills and independence. Care records were written in a positive way and included information about tasks people could carry out themselves as well as detailing the level of support they required.
- We observed staff gave people time and encouragement to carry out tasks for themselves. We also saw, where appropriate, people were given the right level of support to complete tasks.
- Staff took appropriate actions to maintain people's privacy and dignity. We saw staff speaking to people pleasantly and respectfully with lots of appropriate laughter and hugs. We observed staff knock before entering people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we recommend the provider reviews the documentation and records used for care planning. Since the last inspection the provider had implemented an electronic care records system. We saw that it was used effectively and information we looked at was current and accurate.

- The service provided care that met people's individual needs. People told us they had been asked about their care needs and were involved in regular discussions and reviews. One relative told us, "Our relative has been poorly recently and we were asked to come in and discuss the care plan." Care plans recorded people's preferences and provided information about them and their family history.

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- Staff completed a full assessment of people's individual needs prior to admission to the home. This helped to determine if they could provide people with the level of support they required.

- The service provided a range of activities. We saw people could engage independently in activities of their choice. We saw people were supported in doing their own social activities in the local community or with visiting friends and relatives.

Improving care quality in response to complaints or concerns

Continuous learning and improving care

- The home had a complaints procedure and we saw complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "I can raise any concerns with any member of staff and it always get sorted."

End of life care and support

- We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

- We discussed with the provider and registered manager their plan for developing end of life care planning electronically and staff training by implementing a recognised model of good practice such as the national Gold Standards Framework.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found some policies and procedures did not make reference to current legislation.

We recommend that the provider reviews all the policies and procedures to ensure they all reflect current legislation.

- The registered manager regularly monitored and reviewed accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.
- The provider used quality assurance systems to ensure safety, quality and improvement were consistently monitored. We noted and discussed with the registered manager and provider that the electronic records could be further improved to include all of the oversight of the quality of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was evident staff knew people well and put these values into practice.
- Staff we spoke with were also happy with how the home was managed and described it as a lovely place to work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw people and their relatives were regularly involved in consultation about the provision of the service and its quality.
- People told us they were regularly asked about the service they received.
- The home promoted an inclusive living environment where staff, people and their relatives were involved in how the home could be improved. We saw minutes of residents and relative's meetings that showed that people's views had been acted on. For example, the provider had arranged specific dementia awareness training for families in the past and was arranging for this to be repeated.

Continuous learning and improving care; Working in partnership with others

- We saw that regular reviews of people's care needs were held with relevant others.
- The service regularly sought the views of people. People and staff were empowered to voice their opinions.

The registered manager had an open-door policy and people told us they were happy to speak directly with her.

- We were told by visiting health professionals the service worked positively with outside agencies.