Connifers Care Limited

Elm House

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

Summary of findings

Overall summary

About the service: Elm House is a residential care home that provides accommodation and personal care for people with learning difficulties and mental health. At the time of the inspection, five people were living at the service. Elm house is a mid-terrace property with people's bedrooms over three floors. There is a garden at the rear of the property which people had access to.

People's experience of using this service: People that we spoke with told us that they were happy living at Elm House. Where people were unable to communicate verbally we observed positive interactions between staff and people. A relative that we spoke with was positive about the progress their relative had made since moving into the home. Staff knew people well and supported people to be as independent as possible.

People were supported by staff that knew them well and there were always regular staff on duty. This ensured that people felt comfortable and were able to build rapport with staff. Staff understood how to keep people safe and report any concerns. Risks to people's safety was recognised and management plans were in place to guide staff appropriately. Medicines were safely managed and people were actively encouraged to understand their medicines.

People's needs were assessed in line with current legislation. People were involved in choosing the home and where they were able, had input into the pre-assessment. Staff understood the principles of the Mental Capacity Act (2005) and how this impacted on the care that was provided. People were encouraged to make decisions about their care where possible. Nobody living at the service had been unlawfully deprived of their liberty. People could choose the food that they wanted to eat and there was a varied menu available.

The home actively supported staff understanding around equality, dignity and respect. Staff had access to up-to-date information around people's rights. People, staff and relatives were involved in understanding dignity in care and the home had held several events to promote this.

People received person centred care and people's care records supported this. Staff understood that each person was different and this was reflected in records, observations and discussions with care staff. There were systems in place for people and relatives to complain. People were actively informed of the complaints process in residents' meetings.

There were systems in place to look at how the home was being managed. Various audit were completed to monitor the home and where areas for improvement were identified, action plans were completed to address this. The registered manager was visible around the home and people knew who she was and appeared comfortable approaching her. Staff were positive about the support they received from the management and there were various ways for staff to feedback to the registered manager and senior management.

More information is in the detailed findings below.

Rating at last inspection: Good (report published in September 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Elm House

Detailed findings

Background to this 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 was carried out by one adult social care inspector.

Service and service type: Elm house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Elm House can accommodate up to five people in one adapted building.

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: This inspection was unannounced.

What we did: Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection: We spoke with the registered manager, two people living at the home and one relative. We looked at three care records and risk assessments, five people's medicine records, three staff files, and other paperwork related to the management of the service including staff training, quality assurance and rota systems. Following the inspection, we spoke with two care staff.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
- All staff had had training on safeguarding which was refreshed yearly.
- Staff understood how to recognise signs of abuse and how to report any concerns. A staff member said, "It's about abuse and protecting service users. I would report it to my manager. I would report it to the council and CQC."
- People that we spoke with told us that they felt safe living at Elm House. One person said, "Yeah, it's very homely. It's not like being in hospital, feels safer." A relative said, "The environment is always safe and calm. I think he feels safe there as well."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- People had detailed risk assessments that noted the risk and control measures in place to minimise the risk. Risk assessments included substance abuse, behaviour that challenges, fire, self-neglect and accessing the community.
- Where people may experience relapses in their mental health there were detailed management plans in place. This included information on triggers leading to mental ill health, warning signs and how staff should manage this.
- Staff had received training in physical restraint. However, all staff that we spoke with said that they had not needed to use this and used de-escalation techniques to calm people down. This included distraction, talking or allowing the person space to relax.
- Each person had a page in their care file called 'Things you need to know to keep me safe'. This provided staff with a brief overview of things that staff needed to be aware of to ensure the person's safety.
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented and learning was shared in staff meetings.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Staffing and recruitment
- There were sufficient staff to meet people's needs. We saw that staffing rotas showed that there were sufficient numbers of staff available during the day and a staff member that stayed overnight. This meant that people always had access to staff for care and support.
- The registered manger told us that she could increase staff numbers if people needed extra help. For example, to attend appointments.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with

vulnerable adults.

Using medicines safely

● Medicines were stored securely in a locked medicines cabinet. Medicine administration records showed that people received their medicines safely and on time.

● Where people required regular injections as part of their medicine regime we saw that the home documented when they had received their injection and when the next one was due. Staff accompanied people to their appointments where necessary. One person said, "I hate having blood tests. Staff come with me."

● All staff had received medicines training. Following training, staff had a competency assessment to ensure they were safe to administer medicines. Competency assessments were completed every six months to ensure best practice.

● There were systems in place to ensure safe disposal of medicines and regular checks of medicines stocks.

● The registered manager had started a new system to help people understand their medicines. Each person had a file that explained their medicines and what they were prescribed for. The files were collated according to people's needs including large font and pictorial. People were given the opportunity to discuss their medicines in key-working sessions. This empowered people to understand their medicines.

Preventing and controlling infection

● Staff used personal protective equipment such as gloves and aprons when they supported people with personal care. There were colour coded chopping boards in the kitchen which were used for specific foods such as raw meat, cooked meat and vegetables. Staff had completed training in infection control.

● Staff had access to recognised national guidance on how to prevent and control infection.

● The home was clean and smelled fresh at the time of the inspection. Staff supported people to keep their bedrooms clean and we saw that support with cleaning was documented in people's care plans.

Good

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- When people moved into the home a detailed pre-assessment was completed before they moved in.
- Pre-assessments looked things like the person's history, care needs and risk management.
- This allowed the registered manager to make a judgement if the placement was suitable and ensure that they would be able to meet the person's needs.
- Once a pre-assessment was completed and a decision made that the person was suitable, information from the pre-assessment was used to create the care plan.
- We saw that people and relatives were involved in pre-assessments and people were able to visit the home prior to moving in.

Staff support: induction, training, skills and experience
- Staff received a detailed six-week induction when they started working at the home. This included observation, going through policies and procedures and mandatory training including health and safety, safeguarding and mental capacity.
- Staff also shadowed more experienced members of staff before being allowed to work alone.
- Staff induction was well documented and there was oversight by the registered manager who checked new staffs understanding and signed staff off at each stage of the induction.
- Staff received monthly supervision to support them in their role.
- Where staff had been in post for more than a year, we saw annual appraisals had been completed.
- Staff that we spoke with told us that they felt supported in their role and could ask for help or support whenever they needed to.

Supporting people to eat and drink enough to maintain a balanced diet
- People were involved in menu planning during a weekly meeting. People were able to decide what they wanted to eat.
- For people that were unable to communicate verbally or in writing, there were pictorial aids that people could point to, to make a choice.
- Menus showed a varied diet and staff discussed healthy eating options.
- Staff knew people well and understood their likes and dislikes around food. Food preferences were also documented in people's care plans.
- Staff supported people to cook where appropriate. One person told us, "The food's delicious, it's really nice. They make good food man."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● Records showed that the home made referrals to healthcare professionals when necessary.
● People received regular reviews of their healthcare including, psychiatric reviews and reviews for specific medical conditions that people had.
● People had access to healthcare and their care files showed that they saw dentists, opticians, psychiatrists and GP's as required.
● Where people had been to appointments records showed what the outcome was and if there was any action that staff needed to take.
● People that we spoke with were positive about being supported to access healthcare.

Adapting service, design, decoration to meet people's needs
● People could decorate and personalise their bedrooms. We saw that people had decorated their rooms with things that meant something to them. Staff actively encouraged people to make the home their own.
● People had input into the communal décor of the home. For example, one person had requested a fish tank and we saw that the home had purchased a fish tank in the living room. People had helped choose the tank and the type of fish.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
● If people needed help with decision making we saw that an advocate had been provided for them. One person had an advocate that visited each month.
● Staff that we spoke with and the registered manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with.
● Staff had received training on MCA and DoLS which was refreshed each year. One staff member said, "I have had training. It's if someone does not have capacity to make a decision, to support them to help them to do things."

Good

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

Good: 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
- We asked people if they felt that staff were kind and caring. People told us, "Staff are very kind actually" and "Yeah, staff are nice." A relative commented, "I think they are kind and thoughtful. My son never complains about them."
- We observed that people interacted well with staff and appeared comfortable in approaching them. Staff were encouraging towards people and showed genuine compassion and care.
- People were encouraged to maintain relationships that were important in their life. Care plans showed who was important to people and how staff should help people to maintain contact.
- Some people regularly stayed with relatives. One relative was positive about how the home supported the person and said, "Every time I have asked if he can stay, they are really kind and sort out his medication. He stays the full weekend."
- Where people had specific cultural or religious needs, this was documented in their care plans.
- The home had detailed guidance on working with people who were lesbian, gay, bisexual or transgender (LGBT) in a care home setting. Staff that we spoke with were positive and knowledgeable about this guidance and how they would support people if they identified as LGBT.

Supporting people to express their views and be involved in making decisions about their care
- Where people were able, they were involved in planning their care. Where people were not able to have input into their care plans we saw that an advocate or relative was involved.
- We observed that people were able to approach staff and ask for support when they wanted to around their care needs.
- Staff knew people well and understood what type of help each person required.
- Where people were unable to communicate verbally, staff understood what certain gestures and behaviours meant and what the person was trying to tell them.
- People's care plans clearly documented how to communicate with each person to ensure that staff knew how to ensure that people could express their views.

Respecting and promoting people's privacy, dignity and independence
- People and relatives that we spoke with felt that they were treated with dignity and respect. A person said, "Yeah, they treat me respectfully. It's good." A relative told us, "The people matter, the staff matter and how they treat people matters. I think they treat [relative] well."
- During the inspection we observed staff knocking on people's doors and waiting for a response before entering.
- People told us that where staff helped with personal care, they were respectful and supportive. A relative

commented, "Yes, they do [treat the person with respect]. I see it all the time. They knock on his door. It's like his own home. It's got a calm atmosphere"

● People's care plans documented what people were able to do for themselves. Staff encouraged people with things like cooking, cleaning, laundry and accessing the community. One person said, "I do what I can."

● The home had a focus on dignity and began a project in 2018 to discuss dignity and what it meant to people. The registered manager created a 'dignity tree' and people were encouraged to write what they felt dignity meant to them on a coloured label and attach it to the tree. Comments from people included, 'Worthy of honour and respect', 'Be considerate', 'Keep smiling' and 'respect self-esteem'.

● In February 2018 the home held a 'dignity day' including a coffee morning that relatives were also invited to. People were encouraged to reflect on dignity and how staff should respect people as individuals and promote dignified care.

● Following these events, dignity was also discussed with people in key-working sessions and at residents' meetings. The registered manager told us that there were further events planned to ensure that dignity was embedded into the care provision.

Good

Is the service responsive?

Our findings

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

Good: 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

- Care plans were detailed and person centred. They gave information about the person including, care needs, personality, how to manage risks and likes and dislikes. This enable staff to understand the people they worked with.
- Care plans contained information on what was important to people. There was a section around what made a good day and what made a bad day for the person. This was accessible to people and was written in large font with pictures.
- People that we spoke with knew that they had a care plan and told us that staff had gone through it with them. One person said, "I looked at it at some stage, staff helped me."
- Each person had a key-worker. This is a staff member who has the responsibility for meeting with people and ensuring that they were receiving the necessary care to maintain their well-being. There were documented key-working sessions. People that we spoke with were aware of who their keyworker was.
- The home had recently started a system called 'The golden thread'. This worked on the principle that all of the persons care needs were clearly reflected in all of their documentation including the initial needs assessment, care plan, risk assessments and risk management plans. We saw that care files clearly showed people's needs in all documentation viewed.
- The provider also owned a day centre. People living at the home had access to the day centre and were able to choose what days they wanted to attend and what activities they wished to do.
- Activities included, cycling, bowling, swimming, arts and crafts, computer lessons and cookery.
- Each person had a weekly activity timetable. This included activities at the day centre as well as activities that the person wanted to do outside of the day centre such as shopping, going out for lunch and visiting friends and family.

Improving care quality in response to complaints or concerns

- There was a system in place to enable people and relatives to raise a compliant.
- We saw that people were encouraged in residents' meetings to complain if they wanted to. There was also a complaints book by the front door that people could write in if they wished as well as information on how to complain on the communal notice board.
- There had been no complaints since the last inspection.
- A relative told us that if they wanted to complain, "I would call the manager."

End of life care and support

- People living at the home were young and not everyone wished to discuss end of life care. The registered manager told us that people were encouraged to think about this but were able to refuse.
- People's opinions were respected, and people were not forced to discuss this aspect of their care.

People's care plans documented if they did not wish to discuss end of life care.

● We saw one care plan which had briefly documented what the person wished to happen should they pass away.

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was available at the home during the week. We saw that the registered manager was accessible to people and people knew who she was. We observed that people appeared comfortable talking to the registered manager, asking questions or just chatting.
- Relatives that we spoke with were positive about the registered manager and told us that they felt confident approaching her with any concerns. A relative commented, "I can call her [the registered manager] anytime."
- The registered manager understood their responsibilities to notify CQC of any incidents or concerns.
- A relative told us that they felt that communication with the home was, "easy." They said that the home always called them when necessary and that they felt able to call whenever they wanted to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staff structure in place and staff we spoke with were aware of how to report concerns and understood the home management structure.
- Staff told us that they felt supported by the registered manager and felt their views would be listened to. Staff said, "She's a very nice manager, she is always supporting me to do more" and "She is very supportive. Anything you ask she will help you. I always ask and 100% I have no complaints about anything."
- The registered manager had good oversight of the home and there were systems in place to monitor the quality of care.
- The registered manager completed regular audits around medicines, people's care records and health and safety.
- The company had a compliance team that completed six-monthly 'compliance audits.' Following this audit, the compliance team created an action plan to address any issues that were found. Progress was kept under review by the compliance team and checked at the next six-monthly audit.

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

- Each year the directors of the company held a 'directors meeting'. This was an opportunity for staff to meet with senior management to understand any changes in the company, raise any concerns and discuss best practice.
- Directors meetings were flexible, and six sessions were held to ensure that all staff would be able to attend without having an impact on people's care.

● There were regular staff meetings where staff were able to discuss people, the care provided and raise any concerns.
● People living at the home had regular resident's meetings. This was an opportunity for people to raise concerns, discuss activities and the daily running of the home. Where people were unable to communicate verbally, staff used pictures and understood people's body language to gain people's views.
● The home completed an annual survey which was sent to people, relatives and healthcare professionals. Results were summarised and an action plan was completed if there were any areas identified that required improvement. The last survey was launched in September 2018 which showed that the results were positive.

Working in partnership with others
● The home worked well with other agencies to support people's care and wellbeing. This included healthcare professionals, the local authority, learning difficulties teams and mental health professionals.
● Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.