

Mrs Joanne Brown

Elms 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

The inspection took place on 20 February 2016 and was unannounced. At our previous inspection in June 2014 we found that the provider was meeting the regulations in relation to the outcomes we inspected.

Elms House is a long established care home in Clitheroe that is registered to provide accommodation, personal care and support for up to six people with learning disabilities.

The home has a registered manager. 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.

The manager was available for part of the inspection and engaged positively with the inspection process. The manager was friendly and approachable; she operated an open door policy for people using the service, staff and visitors.

We found that care was provided by a long term staff group in an environment which was friendly and homely.

People told us they felt safe at Elms House. They told us it was like living with a family and we saw people were settled, relaxed and comfortable living there. The relationships we saw were caring, respectful and dignified and the atmosphere was one of calm and comfort.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act were met. People's capacity to make decisions was kept under review and the registered manager was aware of actions that would need to be taken where people had reduced capacity.

Staff members had developed good relationships with people living at the home and care plans clearly identified people's needs, which ensured people received the care they wanted in the way they preferred.

Staff understood their responsibilities with regard to safeguarding people, and people were supported by sufficient numbers of staff. The staff team had seen little change for several years which helped people to receive consistent care from people who knew them well.

People told us they liked the food and had a good choice available to them. People told us that they had been involved in choosing the meals and they were encouraged to make healthy choices.

Medicines were stored and administered safely. Staff had received training in the medicines they were giving to people and the systems were regularly audited to make sure safe practice was maintained.

Each person had a care plan which detailed their choices and preferences in relation to their care. Plans reflected people's wishes, skills and aspirations as well as areas in which they needed support. People followed an active programme of individual activities. One person told us they enjoyed their daily life so much they "never ever wanted to leave".

Staff told us they worked well as a team and there were clear lines of authority within the management structure. Staff said the registered manager "knew her stuff" and was very supportive and cared deeply for the staff and the people who lived in the home.

The complaints policy was clearly visible at the entrance to the home and people told us they knew what to do if they ever needed to complain.

The registered manager undertook audits of safety and practice at the home and there were other quality assurance systems such as staff and residents meetings and questionnaires. We saw that the registered manager was in the process of refining the staff rota to ensure staff knew what hours they would be required to work for the month ahead. Records were generally well maintained.

The premises were homely and maintained and adapted where required. People had their own bedrooms which they could personalise as they wished. People told us they were involved in keeping their own rooms clean and tidy.

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.

There was sufficient and suitably qualified staff to meet the needs of the people living at the home.

Risks to people's health and wellbeing were assessed, managed and reviewed.

The provider used safe recruitment practices.

People received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received regular supervision, training and appraisals of their performance.

Staff had an awareness of the need for consent and understanding of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were being applied appropriately to people within the home.

People could make choices about their food and drink and they were supported to follow healthy eating principles.

People had access to health care professionals to ensure they received effective care and treatment.

Is the service caring?

Good ●

The service was caring.

People said they were well cared for and staff respected them and were kind and friendly.

Staff respected people's privacy and supported their rights to make their own decisions.

Is the service responsive?

Good 

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

There was a complaints system in place and people felt able to raise any concerns with staff.

People were supported to engage in a range of activities that met their needs and reflected their interests.

Is the service well-led?

Good 

The service was well-led.

People knew the registered manager and said she had an open door policy so that people could talk to her at any time.

The registered manager had good knowledge and understanding of the needs of the people who lived at the home. People were asked for their views of the quality of the care and changes were made in response.

The home had effective quality assurance systems in place to monitor and make any improvements.

Elms House

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 20 February 2016.

The inspection was undertaken by one adult social care inspector.

As part of our inspection planning we reviewed the information that we held about the home including statutory notifications received from the provider, these statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we contacted the local authority contract monitoring team to gather further information. We also asked the provider to complete 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 used this information to help to plan our inspection.

At the time of our visit there were six people living in Elms House. We spent time with four people who used the service. They all appeared relaxed and comfortable within their home environment. We talked with two staff members as well as the registered manager.

We looked at records including three care files related to people's individual care and support needs; two staff recruitment files; staff training and supervision and appraisal records and those related to the management of the home, including quality audits. We also looked at the way in which medicines were recorder stored and administered to people.

We looked around the building and facilities and by invitation, looked in some people's bedrooms.

Is the service safe?

Our findings

People told us they felt safe and protected from harm. Comments included "I love being here. They keep me safe and make sure I am safe when I go out. They give me advice about how to keep safe. I want to stay here because I am safe and happy" and "I am fine here. They (staff) make sure everything works properly and if it is broken they fix it. They make sure I get my medicines at the right time and I have a plan for when I go out so I am OK".

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivery of each person's care and support. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance to provide staff with information that would protect people from harm by minimising assessed risk. For example risk assessments were in place to help identify individual risk factors, such as safety in the community, financial vulnerability, falls and nutrition. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

There were up to date safeguarding adult's policies and procedures available in the home which demonstrate the action staff should take if they witness or suspect abuse. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take if they had any concerns. There was a whistle blowing procedure in place and staff understood the term whistle blowing and told us how they would use it if they needed to raise any concerns. People at the home had been supported to understand their rights about how to raise any concerns about their care. Information about reporting abuse was available and people at the home told us that they knew what abuse was and how to let people know if it occurred.

Incidents and accidents involving the safety of people using the service were recorded and acted upon appropriately. We saw evidence to show that staff had correctly identified concerns and had taken appropriate actions to address concerns therefore minimising further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the Care Quality Commission and advice was sought from health care professionals when required.

There were enough staff on duty to meet people's needs. The care staff spoken with had worked at the home for many years and knew the people who lived at the home very well. They told us that they felt there were enough staff available to support people who currently lived at Elms House. They told us and records showed that additional staff were available to support people when they went to community activities. This meant that people had support to go out where this was wanted or needed.

Recruitment records showed that there was a very low turnover of staff. However we saw that all staff had been checked for references and disclosure and barring service (DBS) checks, and been subject to an interview process.

Medicines were stored and handled safely. Medicines administration records (MAR) sheets contained

signatures of the staff to show they had read and observed the homes policy for safe handling and administration of medicines. We checked three people's MAR sheets. They contained the person's name, photograph, date of birth and if they preferred to administer their own medicines. Records were accurate and up to date. 'As required' medicines were recorded with the time, the staff member's signature and the reason for giving. There were separate charts for prescribed creams and ointments. Information was included about allergies and how to recognise if people were in pain.

Suitable arrangements were in place for storing medicines, including those that needed to be kept below room temperature. Staff checked and recorded the refrigerator temperature and the surrounding temperature where the medicines trolleys were kept. This made sure medicines were kept according to the manufacturer's instructions. Medicines were locked in the medicines cabinet when not in use.

Effective infection prevention and control measures were in place to minimise the risk of the spread of infections. Systems were in place for managing cleaning materials and laundry. We saw staff using disposable aprons and gloves and anti-bacterial hand wash as appropriate. People at the home told us that they kept their own rooms clean with staff support. They said that they also washed some dishes and helped staff to keep the kitchen clean.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required to evacuate the home in the event of fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Records we looked at showed that staff had received up to date fire training. People who lived in the home told us that fire drills were undertaken regularly so that they knew what to do in the event of fire.

There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained. Regular routine maintenance and safety checks were carried out on gas and electrical appliances and water legionella tests were also undertaken. The home environment was clean and free from odours.

Is the service effective?

Our findings

People told us that the staff were knowledgeable about people's needs and were good at what they did. Comments included "They (staff) know what I need and help me to manage my life", "They are good at what they do, I could not cope without them" and "They understand me, they help me to live my life without fear".

We saw that staff received appropriate training that enabled them to fulfil their roles effectively. Staff told us that they had received the training and support they needed to do their job. They said that they were given mandatory training in topics such as health and safety; food hygiene and infection control. They were also offered more specialised training to assist them to understand the needs of the people who lived at Elms House so they could provide care appropriate to people's individual needs. The staff training matrix showed that all the service providers mandatory training had been completed and staff had undertaken extra training to meet people's specific needs such as managing behaviour which challenges. There were also individual training profiles for staff which held copies of certificates for the training they had undertaken. One staff member told us that they were supported to do extra training if they wanted to develop their knowledge and skills.

Staff told us they were also supported to undertake recognised accreditations such as National Vocational Qualifications (NVQ) in health and social care. The registered manager told us that she looked for ways to secure extra training for staff and worked with the local salvation army service who assisted by providing a training room to facilitate external training. She told us that any new staff would be enrolled to undertake the Care Certificate, a training and development course designed to provide staff with information necessary to care for people well. The registered manager told us she worked at the home every weekday and was very much 'in touch' with the staff group.

Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis. Staff told us that they felt well supported through supervision and daily discussions and felt able to discuss anything whatsoever with the registered manager or her deputy. One staff member told us, "We can discuss anything and we can speak our mind without fear of reprisal".

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The people who lived in the home required some support to make decisions and the registered manager told us that due to change of capacity one person was to be referred to the local authority to be assessed as to their capacity to consent to their care and support. To date no people had been assessed as being

subject to a DoLS. Records showed that staff had received some training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However we saw confirmation that further training was to be provided in March 2016. The staff members we spoke with understood about the rights afforded to people by this legislation but they were uncertain of what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety. The registered manager said that she was aware of this lack of understanding and as a consequence had secured updated training for all staff.

The registered manager displayed clear understanding of MCA and DoLS and was aware that when people needed support to make specific decisions, a 'best interest' meetings would be held which involved all the relevant people and representatives in the person's life. We saw records that showed that a best interests meeting had recently taken place in respect of a person who lived at the home.

People were supported to maintain their health and had access to health services as needed. Care plans contained clear information about people's health needs. We saw in people's files that they saw their GP or a district nurse promptly if they needed to do so. People were encouraged to attend community healthcare services and hospitals for reviews of their needs and other reviews were carried out at the home on a regular basis. The registered manager told us that the home had recently signed up for a Telemedicine service which was an electronic system connected to a hub of GPs and senior nurses. The registered manager told us that this system enabled staff to quickly engage with health care professionals if they had any concerns about the health and well-being of the people who lived at Elms House. They said this enabled staff to quickly discuss people's health care and if necessary show photographic details to gain medical advice. Care plans held details of visits from health care professionals to include Community Psychiatric nurses, occupational therapists, speech and language therapists, GPs and district nurses and chiropodist.

People were supported to have a balanced diet. Menus gave people a variety of food they could choose from and were developed through consultation with people who used the service. Staff confirmed that people had access to good quality food and there was plenty of choice. People told us they liked the food and had good choices of menus. People told us they planned the menus and discussed them during residents meetings. We observed people eating their lunch during our inspection. We saw that people were enjoying the food and noted that all four people observed had eaten all of their meal. Comments about the meal were most positive and people told us "The food was lovely, staff are good cooks and we always get good food here".

The property had been adapted to ensure the two ground floor bedroom rooms, the communal rooms and downstairs bathroom were fully accessible to people who used wheelchairs.

Is the service caring?

Our findings

The staff and people who lived in the home told us that it was just like an extended family home. Staff said they tried to make it as homely as possible and create a nice family atmosphere. People living in the home told us they loved being there. Comments included "We are all one happy family. I don't have real family so this is so good for me", "It is great, it's my home" and "All the staff and the people who live here look out for each other. We care about one another. I want to live here forever".

We saw people moving around the home and looking totally at ease with their surroundings. People engaged well with staff and we saw their interactions were affectionate, supportive and considerate. We saw that people took an interest in each other's well-being and what activities they were doing during the day. We saw people who were going out or returning from an outing greeting everyone with appropriate comments such as "Have you had a good time", "Did you enjoy yourself" and "Enjoy yourself, hope you win the bingo". People clearly felt comfortable with staff as we observed much joking, gentle banter and teasing between staff and the people they supported.

We spoke with staff about how they preserved people's dignity. Their responses showed that they understood the importance of respecting dignity, privacy and independence. They gave clear examples of how they checked with each person if it was alright if they went into the person's room and knocked on doors before entering. We noted that one person presented as being unhappy and unsettled. We saw staff sitting with the person providing them with information and reassurance in a quiet unobtrusive manner and giving options as to how to improve this person's mood. We noted that the person responded in a positive way and happily re-engaged with the people around them.

Staff called people by their preferred names and had time for a chat or a joke with them whilst providing them with support. Staff made eye contact with people by getting down to the person's level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations. We saw that staff never rushed people and they were able to do things at their own pace.

Staff were aware of issues of confidentiality and did not speak about people within earshot of others. When they discussed people's care needs with us they did so in a respectful and compassionate way. We saw that people's care records were kept in a locked cupboard. Signs were available in bathroom doors to remind people using the facilities independently to keep the door closed and locked whilst they were in there.

People were supported to maintain relationships with relatives and friends. Care plans documented where appropriate that relatives were kept informed of all need to know information and involved in making decisions about any changing needs. People were also notified about any significant events or visits from health and social care professionals.

People's wishes regarding how and where they wished to be cared for at the end of their lives were described in the care plans. This had been discussed in depth with people at their level of understanding. Although no

one at the home was receiving end of life care the registered manager told us that she would try to ensure that people remained at the home for their last few days if this was their choice and the home were able to support them with this. They told us that when one person had been ill and had needed to be admitted to hospital she and her deputy manager had remained with them 24 hours a day to ensure they had support and reassurance.

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. Comments included "I was in a state when I came here. I could not live a settled life as I had some mental health problems and could not cope. The staff have assisted me to have a good life now. They are wonderful, we kid each other a bit but they have changed my life for the better" and "I love it here. They make me feel settled and at home. I am not afraid. I am much better now and hope I can stay as I know it's the right place for me".

The registered manager told us that all plans were person centred. She said that information gathered before admission to the home from the person, their family and any other professionals who were involved with the persons care would be recorded in a care plan prior to admission. She said that this information was added to following admission to include likes and dislikes, hobbies, interests and their wishes for their future care. She told us that detailed assessments of people's needs ensured that the staff and services provided could meet their needs safely and appropriately.

We looked at people's care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people's needs changed the care plans were updated so that staff would have information about the most up to date care needed. We noted that people who had been assessed as suitable and were considering moving into the home were invited along for a day visit or overnight stay to enable them to get a feel for the home. Staff told us this also enabled them to assess their compatibility with the other people who lived at Elms House.

Care plans covered areas such as the person's general health, medicines and medical care, mobility and mental health. These were reviewed and where necessary updated every month. There was also a monthly clinical governance audit which reviewed areas such as people who had lost significant weight, skin integrity, people admitted to hospital, incidents, accidents and complaints. Care plans were reviewed with the person and the person's family and other health and care professionals who may be involved with their care as and when required. Plans also included information on how people were supported to make choices.

We saw that daily records were kept for each person at Elms House. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. A daily handover book was in place which identified all need to know information about current needs, appointments or events. The registered manger told us that staff were required to sign to say they had read the daily handover book to ensure they were fully up to date with each person's current needs.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to transport which enabled people to venture out into the community. People had individual activity programmes which detailed weekly activities. In house events included dominoes and video and popcorn evenings.

We observed staff sitting with people engaged in meaningful conversations and planning what people were going to do for the day. We saw that one person was being taken out for a visit to play bingo; another person was going shopping. We saw records that showed that the people who lived in the home enjoyed daily activities such as snooker, joining walking groups, going out for meals, going to the park or the cinema. Staff told us that 'the people who lived at Elms House were at the heart of the service and they were living a life they had chosen'.

People who used the service told us they knew who to speak with if they had any concerns. They told us that the staff were very approachable and they spoke with them when they visited. They said this enabled them to discuss any issues or areas of concern 'anytime'. There was a complaints policy in place which was on display in the home and people told us they had been provided with a copy at the commencement of the placement. The complaints policy was clear and detailed the process involved if any person wished to complain. Records showed that no complaints had been made about the service in the past year.

Is the service well-led?

Our findings

People told us that the registered manager was open and honest with them and kept them informed of everything that was happening in the home. Comments included "She (registered manager) has meetings with us and tells us everything that is going on here", "It is so nice here, we always know what's going on" and "I am able to live here and feel a part of the place. We all know about things to do with this place and staff talk to us and give us information all the time. I hope I can stay here forever, it's where I want to be".

Staff told us that the registered manager also owned the home and spent a lot of time there and worked hard to ensure the home provided a homely atmosphere for the people who lived there. They said that she was passionate about the home and supporting the people living there to lead a full and active life. Staff told us they were proud of how the home had been able to develop people's opportunities to enhance their daily life.

We saw records to show that staff met with other professionals who were involved with the people who lived in Elms House to discuss their best interests.

There were clear lines of responsibility within the management structure and staff knew who they needed to go to, to get advice and support. They told us the home was well managed, staff worked well as a team and they all felt very much part of the home.

People's views on running the home and the quality of the services provided were sought both formally, through the use of questionnaires and at care reviews and informally through daily discussions. These had been sent to stakeholders and relatives as well as people living in the home. People told us they received direct feedback about the outcomes of any suggestions or comments they made and any issues were included on the home's action plan and quickly dealt with. We saw that a recent action plan had identified some necessary changes to the layout of the home and some redecoration. We saw these actions had been completed.

There were thorough systems in place for managing information relating to the running of the home. Regular audits were undertaken such as medicines management and health and safety of the home. Records were well maintained and kept up to date. People's personal records were reviewed with them to ensure they reflected their personal choices and preferences.