Elmsfield House Limited

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Inspection report

Elmsfield House
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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?	Requires Improvement

Overall summary

This inspection took place on 30 December 2014 and 5 January 2015 and was unannounced on the first day. Elmsfield House is registered to provide accommodation for up to 28 people who have personal and care needs, and dementia. At the time of our visit 20 people were using the service, most of who were living with dementia. The home is a Georgian property that has been extended and appropriately adapted for its present use as a care home. It is set in a very rural location close to the village of Holme, three miles from Milnthorpe in Cumbria.

There was a registered manager in post. 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.This is a family run home and the registered manager is also the registered provider.

Summary of findings

At our last inspection inSeptemebr 2013 we found that the provider was compliant with all six of the regulations of the Health and Social Care Act 2008 that we looked at.

People told us they were very happy at the home. They said they felt well cared for and safe.

We saw that accurate records for some people were not always being maintained in relation to the care provided. However, this did not impact on people's care.

People who required specific support with their meals received the personalised support they needed. The cook was very aware of people's individual dietary requirements and knowledgeable about their food preferences.

Throughout our visit we observed caring and supportive relationships between people living at Elmsfield House, their relatives and the care staff. People were treated in a caring way that demonstrated a positive, caring and inclusive culture existed in the home.

All of the people we spoke with knew how to make a complaint and we saw that procedures for managing complaints were in place.There were sufficient numbers of appropriately trained staff on duty to support people. The registered manager used a dependency tool that informed the levels of staff required on a daily basis.

People we spoke with made positive comments about staff. We saw how staff respected people's privacy and promoted their dignity. Activities were enjoyed by people and we saw that most people participated. A variety of choices of activities were offered to accommodate people's different needs.

The home was clean and free from malodours. Cleaning schedules were in place and were being followed. The registered manager was responsible for infection control and acted as a source of information for other staff.

Some senior care staff we spoke with had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). At the time of our visit no one was subject to a (DoLS) application. This is where an application can be made to lawfully deprive a person of their liberties where it is deemed to be in their best interests or for their own safety. The registered manager told us that further training had been identified for all care staff.

Care staff received training that enabled them to appropriately support people. The registered manager provided records to show that further training in specialist areas was due to be implemented. Recent dementia training provided in the home was extended to all the relatives of people living in the home. The feedback from relatives who attended this expressed it had been very informative and useful.

People were supported to maintain good health. People had enough to eat and drink and appropriate referrals were made. For example, to GPs and Speech and Language Therapist (SALT) referrals were made where people were identified as being at risk of choking due to swallowing problems. People received support from the community nurses with regards to their tissue viability. Where people were at risk of pressure sores measures were put in place to reduce and manage the risk.

Summary of findings

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 was safe.

Care staff had received training that allowed them to support people safely.

Staff knew what to do in the event of emergencies.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Good

Is the service effective?
The service was effective.

The provider had included relatives in dementia awareness training.

Appropriate referrals to healthcare professionals had been made.

People had their nutritional needs assessed and appropriate support to eat and drink.

Staff were adequately trained to support people's care needs.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were given time to make decisions about their care. People were given choices and time to respond to those choices.

People's histories, preferences, likes and dislikes were recorded and considered.

The home was inclusive of relatives in all aspects of the homes running including dementia care training.

Good

Is the service responsive?
The service was responsive.

Staff knew the needs of people they were supporting. We saw there were activities and events which people took part in.

People knew how to raise concerns and records showed that no formal complaints had been made. Concerns that had been raised with the staff had been dealt with quickly.

People were supported to maintain their independence. One person had their dog living with them at the home and were supported to exercise the dog regularly.

Good

Summary of findings

Is the service well-led?

The service was not well led.

The service had a registered manager who was available to people, relatives and staff. People said the registered manager was popular with everyone and very approachable.

Staff felt supported and listened to by the registered manager and deputy manager.

Processes were in place to monitor the quality of the service however the audits were inconsistent.

Accidents and incidents were recorded and investigated. We saw that any learning from these events was shared to improve the service.

Requires Improvement

Elmsfield House Limited

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

During the inspection we spoke with four people who used the service and three relatives. Some of the people using the service were living with dementia and we were not able to speak with them. We spoke with four members of care staff, the registered manager, deputy manager and a visiting community nurse. We observed care and support and looked at the kitchen, communal areas, bathrooms and some people's bedrooms. We looked at a range of records about people's care and how the home was managed.

The inspection team consisted of an adult social care lead inspector. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

We also looked at the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said "I feel very safe here, the staff are all lovely." Relatives we spoke with told us they had no concerns about safety at the home. One person told us "My relative is extremely happy here and could not be looked after better anywhere else. I have no concerns about the place.'' Another said about their relative "They are definitely quite safe here."

The home was clean, tidy and free from malodours. One relative told us, "The home is always nice and clean.'' We saw that specific staff were responsible for the domestic duties in the home. The provider had an infection control policy in place that was available to all care workers and domestic staff. We saw that care workers followed hand washing regimes and used protective gloves and aprons when assisting people with personal care. We saw hand sanitizers were available around the home. One bathroom recently upgraded had electric hand dryers installed. The deputy manager told us about the continuing cleaning schedule that was in place that domestic and care staff followed.

We looked at the care records for six people and found that for one person some risks that had not been appropriately recorded. The records showed this person had difficulties in chewing but we did not see records to show how this was being managed. We saw at lunch time that this person received the appropriate support in having their food prepared in a way that they could manage to eat without choking. Where risks had been identified appropriate risk assessments and management plans were in place.

Staff told us, and records we looked at confirmed, they had received training in safeguarding adults. Care staff could tell us who they should report any concerns or suspicions of abuse to. However during the inspection we found that a recent incident between two people living in the home had not been reported to the relevant authorities. We saw from the records that the two people had been appropriately supported, medical advice had been sought and relatives informed. We pointed out to the registered manager that a referral should have been made to the local authority under safeguarding procedures. This was then done so by the deputy manager at the time of the inspection.

We looked at records of the accidents and incidents that had occurred. We found that the registered manager and deputy manager had taken appropriate action when there had been incidents that had affected the safety and wellbeing of people who lived there.

Care staff were recruited and selected appropriately. We looked at five care staff files and saw that they contained their work histories. Where there were gaps in work histories we saw that this was investigated. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the homes recruitment policy. References accepted had been from previous work colleagues and not the actual employer. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted.

There were sufficient staff on duty to provide care and support to meet people's needs. The registered manager told us staffing levels were based on people's needs and the skills of the staff group. The registered manager showed us how the dependency needs of people using the service dictated the levels of staffing required on a weekly basis. The tool used to calculate these levels also included the time required for each senior on shift to complete administration duties. We observed that call buzzers were answered promptly and care staff were not rushed in their duties. We looked at the duty rota's and saw that planned staffing levels were maintained.

We looked at medicines records, supplies and care plans relating to the use of medicines. We observed staff handling medicines and spoke with senior care staff about medicines procedures and practices. We saw they followed safe practices and treated people respectfully when administering medications. People were given time and the appropriate support needed to take their medicines. We looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. Medicines storage was clean, neat and tidy which made it easy to find people's medicines.

We saw a whistle blowing policy that was available to all staff and details of how to whistle blow. Care staff we spoke with were aware of the policy. One said "I know I can report anything I have concerns about." The policy contained contact details for the local authorities and the Care Quality Commission.

Good

Is the service safe?

We saw there were plans for dealing with emergencies, such as an outbreak of fire. The home had an evacuation plan in place and staff had been regularly trained to deal with such emergencies.

Good

Is the service effective?

Our findings

People were not being deprived of their liberties. At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. We spoke to the registered manager who told us they were considering further staff training on the Mental Capacity Act 2005 (MCA) and new guidance in relation to DoLS to determine if applications were needed.

The local GP's visited the service as requested and appropriate referrals to healthcare specialists were made. For example, we saw that where people had difficulties with swallowing, referrals had been made to the Speech and Language Therapist (SALT) who provided assessment, advice and guidance in relation to people's swallowing. Where SALT had made recommendations to support people to swallow safely we saw care staff following these recommendations. For example, thickened fluids and pureed foods were given as prescribed by the SALT. Pureed meals were prepared in a way that was appealing to the person and each portion was presented separately on the plate. The cook we spoke with was very aware of different people's needs and their diet sheets and information in the kitchen reflected the SALT recommendations.

We also spoke with one of the community nurses visiting the home at the time of our visit. We were told that the community nursing team visited the home on a regular basis mainly to support with tissue viability problems as and when they arose.

We saw that people had enough to eat and drink throughout the day. Snacks were offered in between meals and people requiring supplementary nutrition were offered homemade milk shakes. Menus were displayed and people were given choices about what they wanted to eat at every meal. People were given a choice of drinks. When people had finished their meal we saw care staff asked people if they wanted more. Where people took their time to eat meals staff offered for the meal to be reheated or a fresh serving was given. One relative told us when they visited they were always offered drinks and freshly baked cakes and biscuits. Everyone we spoke with told us the food was very good and they had plenty of choice and if they didn't like what was on the menu they could choose an alternative of their liking.

Where people were at risk of weight loss they were assessed using a Malnutrition Universal Screening Tool (MUST). This tool enabled staff to assess the risk to the person and monitor and manage their weight and condition. One person had been at risk of losing weight and a referral was made to the GP. The recommendations made by healthcare professionals were being followed and the person had gained weight.

Care staff received an induction before starting work at the home. Care staff had received on going mandatory training that allowed them to support people safely. Further training was also available to care staff such as National Vocational Qualifications (NVQ) in care and Diploma In Health and Social Care. The training records showed 13 care staff had completed or signed up to take further care qualifications. This meant care staff were suitably trained to keep people safe and meet their needs.

The registered manager and provider had for sharing best practice between staff and relatives arranged a Dementia Families Awareness Seminar. This was attended by staff and relatives of people living in the home. A tailored course was delivered by a professional dementia care expert. The aim of the course was to provide staff and relatives a deeper understanding of dementia and its affects. The course was provided free of charge to all the relatives of people living in the home. The feedback about the course had been collated by the registered manager and all the people who attended had found the course very informative and a number of people had commented that they would have liked the information about dementia much earlier in the diagnoses of their relatives.

Good

Is the service caring?

Our findings

People who used the service and their families that we spoke with told us they were happy with the care and support they received. Some of the comments included, “The staff are really good.” Relatives told us, “[my relative] is happy here, we are very happy with everything too”. Another relative told us, “It’s like one big family even we get looked after, the staff always ask how we are”.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were respectful.

Care plans were person centred and reflected people’s wishes. Relatives of people who used the service were involved in their care through regular contact with the staff. One relative told us, “If I don’t visit they ring to check that I’m okay and give me an update on how things are with [my relative]. Another relative told us “I can visit the home any time they [staff] don’t mind”. No one we spoke with had seen the care plans, however where people had been appointed as legal decision makers we saw they had signed the consent to care and treatment.

The provider had taken steps to ensure that the care provided was not just task orientated but considered people’s whole life history before they came to live at the home. One person living at Elmsfield House had their dog living with them. This provided them with comfort and helped them to maintain their mobility and independence.

During our inspection we saw that positive caring relationships had developed between people who used the service and staff. Staff that we spoke with were aware of the life histories of people living at the home and were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff said they got to know people through reading their care plans and speaking with family members. Staff also told us they got time to read care plans and contribute to them if things changed.

Where appropriate, people had access to advocacy services if needed, although none of the people were using advocates at the time of our inspection. The registered manager and provider produced a regular newsletter keeping relatives informed about what was happening at the home. In the last newsletter there was information about why obtaining Lasting Power of Attorney (POA) legal authorisations to make decisions on behalf of someone was important.

People lived in single rooms to which they had keys if they chose to so they could keep them locked. The home was spacious and there were different areas for people to spend time alone with their families if they wanted to. We observed staff knock before entering people’s rooms. Some people who were not able to communicate verbally were still offered choice in everyday matters such as deciding what to wear, eat or do for the day.

Good

Is the service responsive?

Our findings

We asked the people who used the service and relatives whether they felt they could raise concerns if they had any. Three people told us they felt they could ask staff anything. One person said, “I can ask the staff for help at anytime.” One person told us if they had a problem they felt happy to raise it directly with the registered manager or deputy manager. Another person told us that, “I feel listened to and when I ask about anything it gets sorted out.”

The records showed that no formal complaints had been raised. The home had a complaints procedure and staff we spoke with knew how to respond to complaints if they arose. People we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaints and could be assured they would be acted on.

People’s care records provided evidence that their needs were being assessed prior to admission to the home. Care and treatment was planed in a way that ensured people’s safety and welfare. Each person’s care plan outlined the areas where they needed support and gave instructions on how to support the person.

Elmsfield House has extensive gardens and we saw there were different areas for people to sit in. The patio areas and gardens were easily accessible and secure. There was a purpose built children's play ground where visiting children could safely play in view of their relatives living in the home. There were activities for people to get involved in and we saw photographs and advertisements which showed that there had been a variety of themed events and visiting entertainers in the home. We observed an activity taking place and saw people were supported to get involved. An activities coordinator had been newly appointed but they were not working on the day of our visit.

People’s wishes in respect of their religious and cultural needs were respected by staff who supported them. The registered manager had made arrangements with the local churches and clergy. People go attend church if they wished supported by staff or the services were held at the home.

There was sufficient and suitable equipment to meet peoples needs. One of the main bathrooms had recently, undergone refurbishment of a high standard. This provided suitable bathing facilities for all physical abilities in a pleasant and hygienic environment.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who was available to people, relatives and staff. We were told by people who used the service and staff that the manager was popular with everyone and very approachable. However two people we spoke with said they did not see him enough. We spoke with the registered manager about this and he explained that some days he was tied up with managerial responsibilities and did not always get to speak with everyone. We were told he operated an open door policy and people could ask to speak with him anytime.

Staff we spoke with said communication with the registered manager and deputy manager was good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time as well as at planned supervision meetings.

The quality and monitoring systems in the home were not consistent. Audits of systems and practices were carried out internally by the registered manager and deputy manager which covered all aspects of the service including care plans, medicines and the environment. However we did not see that this was always formally recorded. For example all care plans were reviewed every month or as circumstances changed. For one person we saw that the records of the regular review of their care plan had not been completed for three months. For another person we saw that the records for weight monitoring had not been maintained at the intervals identified in their care plan. However the most recent weight recorded showed that this person had gained weight.

The senior carer told us the information reviewed monthly was analysed by the deputy and registered managers to identify patterns and trends across the service. We saw that learning from incidents had taken place as risk assessments and care plans had been reviewed to include this information.

The home provided an annual quality assurance questionnaire to all people living in the home. The registered manager told us these were not very often completed as regular communications took place with both people who lived in the home and relatives. The registered manager told us that regular summaries of findings and what the service was doing in response were written about in the homes newsletter. This meant people were being kept informed of what was going on now and any future plans .

The registered manager kept up to date with current best practice and included this knowledge in future training plans. The Provider Information Return (PIR) showed planned improvements which included the provision of dementia training for staff as well as the relatives.

There were good community links and the registered manager promoted visiting organisations to the home such as the Brownies. This helped people to maintain their local links. We spoke with the local commissioning quality manager and other health and social care professionals who had no concerns about the home.