

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

We carried out an inspection of Elms House on 17 and 18 May 2018. The service 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 we looked at both during this inspection. Elms House supports up to six people with a learning disability or autistic spectrum disorder. Nursing care is not provided. At the time of our inspection six people were living at the home.

At the last inspection, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults at risk. People's medicines were managed safely.

People living at the service and their relatives were happy with staffing levels. They felt that staff had the knowledge and skills to meet people's needs.

People told us staff at the home were kind and caring. They told us staff provided them with support when they needed it.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be. We observed this during the inspection.

Staff received an effective induction and appropriate training when they joined the service. Some staff training had not been updated for some time. We discussed this with the deputy manager and relevant training was updated shortly after our inspection.

People received support with eating and drinking and their healthcare needs were met. Appropriate referrals were made to community health and social care professionals, to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs, risks and preferences and we found evidence of this. People were regularly supported to take part in a variety of activities in the home and the community. People told us they were happy with the activities available.

Staff communicated effectively with people. They supported people sensitively and did not rush them. People's communication needs were identified and relevant support was provided, such as information in audio format.

People who lived at the home and their relatives were happy with how the service was being managed. They found the manager and the deputy approachable and supportive. They told us any concerns were resolved quickly. Staff were happy working at the home and felt well supported by the manager and deputy manager.

A variety of audits of quality and safety were completed by the manager and deputy manager regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service. Staffing training had not previously been audited, however, the deputy manager told us this would be included in future audits.

The manager sought feedback from people living at the home through regular service user meetings. We saw evidence that people's suggestions were acted upon and used to improve the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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 checked 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.

This was a comprehensive inspection which took place on 17 and 18 May 2018. We gave the service 48 hours' notice, as it is a small service and we wanted to be sure that people living there and staff would be available. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted three community health and social care professionals who were involved with the service for their comments, including a social worker, a community psychiatric nurse and a speech and language therapist. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR) to support the inspection. 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 four people who lived at the service, two support workers, the team leader, deputy manager and the manager who was also the owner. We also spoke with a visiting phlebotomist and two visiting ministers from the local Salvation Army. We reviewed the care records of two people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records. Following the inspection we received feedback from two relatives and one friend of people living at the home.

# Is the service safe?

## Our findings

People told us they received safe care. One person commented, "I always feel safe when they (staff) are helping me". Relatives told us their family members received safe care and support.

We looked at whether people's medicines were being managed safely. A medicines policy was available which included information about administration, storage, disposal and errors. We observed a member of staff administering medicines to people and found that this was done safely. We noted that the keys for the medicines cabinet were kept in a drawer in the kitchen. We discussed this with the manager who arranged for the keys to be kept more securely in line with current guidance. We reviewed the Medication Administration Records (MAR) for three people and found that they had been completed appropriately by staff. Records showed that medicines audits were completed monthly and shortfalls, such as missing staff signatures on MARs, were addressed with the relevant staff. Areas for improvement were also discussed with staff during staff meetings.

We noted that some staff had not updated their medicines training for some time. We discussed this with the manager who arranged for all staff to complete up to date medicines training shortly after our inspection. We also noted that not all staff had been subject to an assessment of their ability to administer medicines safely in the previous 12 months. We discussed this with the manager and competence assessments for all staff were completed shortly after our inspection.

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available and all staff had completed safeguarding training. One safeguarding alert had been raised by the service in the previous 12 months and this had been addressed appropriately. We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support people living at the home.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

Risk assessments were in place for each person living at the home, including those relating to medicines, falls, eating and drinking, choking, accessing the community and preparing food. They provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Records showed that they were reviewed regularly.

We looked at staffing arrangements at the service. People felt there were enough staff on duty to support them effectively. One person commented, "There's always someone here if we need them". One relative commented, "There are always enough staff at the home".

A record was kept of accidents and incidents that had taken place, including falls. Records showed that staff had taken appropriate action, such as seeking medical attention. The deputy manager told us he reviewed accident documentation regularly to identify any trends and ensure that appropriate action had been taken

but this was not recorded. He told us he would document this in future.

We looked at how the service protected people from the risks associated with poor infection control. Daily cleaning checklists were in place for staff and the areas of the home that we saw were clean. Records showed that some staff had not updated their infection control training for some time. We discussed this with the manager and the relevant staff completed training shortly after our inspection. We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in January 2017. One visitor told us, "It's always immaculate, clean and tidy".

People's care records and staff member's personal information were stored securely in the office and were only accessible to authorised staff.

Records showed that equipment at the home was inspected and maintained regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including fire, gas and electrical safety checks. We noted that the Legionella risk assessment had not been reviewed for some time. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. The deputy manager arranged for this to be completed shortly after our inspection. Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This helped to ensure that people were living in a safe environment.

# Is the service effective?

## Our findings

People were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person commented, "It's fine here, no problems. All the staff are very good". One relative commented, "I am very pleased with all the care and attention (relative) gets and very grateful to the staff. I have no criticisms of the way he is treated and [relative] is uniformly complimentary". Another commented, "They provide really good care".

Staff told us they had completed a thorough induction when they joined the service and we saw records confirming this. We noted that some staff training had not been updated for some time. We discussed this with the manager and arrangements were made for all staff to complete the relevant training shortly after our inspection. The deputy manager explained that staff training had not previously been audited. He assured us that it would be included in future audits to ensure that staff remained up to date with all relevant training. One staff member told us, "Some training needs updating. The deputy manager has already spoken to staff about this". The staff we spoke with told us they received regular supervision and this was confirmed in the records we reviewed. They told us they could raise concerns and make suggestions during supervision.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs. The deputy manager told us that revised pre-admission documentation was in the process of being introduced, to enable the home to gather additional information about people's needs and preferences.

We reviewed two people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, the support they needed and how this should be provided by staff.

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

We checked whether the service was working within the principles of the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority. All staff had completed MCA training and the staff we spoke with understood the main principles of the MCA. They recognised the importance of gaining people's consent and providing additional information when needed to help people make decisions.



Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. Staff were aware of people's dietary requirements. We observed a person being supported with their meal and saw that this was done sensitively. People were happy with the meals and support provided. One person told us, "You can always have something you like to eat. If there's something planned that you don't like, they ask you what you want". Another commented, "The food's nice".

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to a variety of healthcare professionals, including GPs, district nurses, podiatrists and speech and language therapists. People told us they received medical attention when needed. One person commented, "If anything's wrong they call the doctor". One relative commented, "They have called the doctor in the past when needed". The deputy manager told us that when people were taken to hospital, their care plan summary and a copy of their Medication Administration Record (MAR) was sent with them. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

The home had been adapted to meet people's needs. The manager explained that a downstairs communal area had been converted into a bedroom to accommodate the changing needs of a person who had lived at the home for many years. The deputy manager advised that the home environment would be adapted further if people's need changed, for example, a walk-in shower would be fitted in the upstairs bathroom if this became necessary. People told us they were happy with the home environment and we noted that they had personalised their rooms with photographs, pictures, ornaments and other personal possessions.

We received positive feedback from the community health professionals we contacted. One professional told us, "It's a nice place. People are well looked after. They're clean and happy, not upset or anxious. I have no concerns".

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that staff were caring towards them. Comments included, "I'm very happy here. They're all very caring" and "I like all the staff [Staff member] is my keyworker, she's very nice". One relative/friend commented, "[My relative] knows and jokes with them (staff). He trusts them unreservedly. They are an obvious source of companionship". Another told us, "The staff are very patient. I've never experienced any negative attitudes or behaviours from the staff".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of how people liked to be supported, such as how they liked to spend their time and what they liked to eat and drink. Staff felt they had enough time to meet people's individual needs in a caring way. One staff member told us, "We're a small home. We spend a lot of time with people. We've got lots of time for them". Another staff member commented, "It's like an extended family for people. There's a lot of love, care and support here".

Communication between staff and people who lived at the home and visitors was good. We observed staff supporting people sensitively and comforting people when they were confused or needed reassurance. Staff spoke clearly and repeated information when necessary to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs. People looked relaxed around the staff who supported them and felt comfortable asking questions and requesting support when they needed it. People told us their care needs had been discussed with them and they were involved in decisions about their care. One person told us, "They discuss it all with me".

We saw evidence that people were encouraged to be as independent as possible. One person told us, "I can go into town if I want to". One relative commented, "[Relative] is very much supported to be independent. He goes out a lot, staff are good with this". One visitor we spoke with told us, "There's always a sense of people being able to live independently while being cared for". We noted that one person's independence had improved significantly since they had moved to the home. Last year they had been supported to visit friends in a different part of the country and had travelled independently by aeroplane. We discussed this with the person, who was clearly proud of their progress. One staff member told us, "We try not to take over in any aspect of support. We encourage people to do what they can".

People told us staff respected their right to privacy and dignity. One person commented, "The staff speak to you properly, respectfully". We noted that people spent time in their rooms when they wanted to and staff did not disturb them.

The service user guide issued to people when they came to live at the home provided a variety of information, including the support available, how to make a complaint and information about social activities and holidays. The deputy manager told us the guide could be made available in large print and braille if this was needed. Information about local advocacy services was displayed. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

We found that people's relationships were respected and the manager told us there were no restrictions on visiting. This was confirmed by the relatives we spoke with. We noted the service user guide stated that family and friends were welcome and could join people for meals and events at the home. One visitor told us, "We're always welcomed in. Everything is very natural, nothing's hidden".

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities and the importance of protecting people's personal information. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss people's personal information in front of other people living at the home or visitors.

## Is the service responsive?

### Our findings

People told us they received care that reflected their individual needs and preferences and they were given lots of choice by staff. Comments included, "They [staff] know me well. I've been here a long time and lots of the staff have been here a long time too" and "I've been here for years. Staff know what I like and don't like". One relative told us, "The staff know [relative] very well". One visitor commented, "It's not regimented. People can do what they want. It's a lovely atmosphere. People have their own individual ways and routines".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They were reviewed and updated regularly.

People were supported to take part in a variety of activities in the home, including cards, dominoes, board games and movie nights. Most people also went out regularly to local social clubs, life skills classes, exercise classes, lunch clubs and to watch cricket. People told us they were happy with the activities available. One person commented, "I can go out but I don't much. I tend to watch tv, I'm happy with that". We saw that the home had been decorated to celebrate the royal wedding and themed refreshments were being provided. The FA cup final was also going to be celebrated. The manager told us that every year a holiday was arranged and we noted that everyone living at the home had been on holiday to Blackpool the week before our inspection. One person told us, "We had fun".

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that people's communication needs had been assessed and people were receiving appropriate support. One person received weekly audio newspapers and another person communicated with staff using a notepad. Information displayed around the home was in easy read or pictorial format, including guidance about how to make a complaint.

The service used various types of technology to support people. This included the use of a digital telemedicine service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital. Sensor mats were also used in people's rooms if they were at risk of falling. This helped staff to monitor when people needed assistance and to keep them safe.

We looked at how the service supported people at the end of their life. The deputy manager told us they had never provided anyone with end of life care at the home. However, he was aware that this may become necessary in the future. He told us that an end of life care policy would be introduced and there were plans for all staff to complete relevant training. He explained that a recently recruited staff member had a qualification in end of life care and would be involved in introducing the relevant processes at the home.

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was also included in the service user guide and was displayed in the home. The deputy manager told us that there had not been any complaints in the previous 12 months and the people we spoke with told us they had not made a complaint. One relative/friend commented, "Staff respond well to any issues raised". We reviewed a collection of thank you cards and emails. One person had commented, "Thank you so much for always caring for [relative]".

## Is the service well-led?

### Our findings

The provider of the service was also the manager and was responsible for the day to day operation of the service. There was no regulatory requirement to have registered manager in post. The deputy manager was in the process of reviewing processes and documentation at the home and had introduced a number of improvements. Plans were in place for him to become increasingly involved in the day to day running of the home.

People were happy with the way the service was being managed and felt that staff, the manager and the deputy manager were approachable. One person told us, "I can talk to staff or [manager] if anything is wrong or if I'm worried". One relative commented, "I am very grateful to [manager] for keeping in contact with me".

We looked at how the service sought feedback from people about the care they received. The deputy manager told us that in the past, satisfaction questionnaires had been issued, however this had not been done for some time. We reviewed the last questionnaires completed in 2013 and noted that the feedback received had been positive. The deputy manager showed us a revised questionnaire and told us it was due to be given to people shortly. He assured us that any suggestions for improvement would be acted upon. We noted that a questionnaire had also been issued to visitors in 2014 and all feedback received had been positive.

Service user meetings took place regularly. We reviewed the notes of the last meeting and noted that the issues addressed included meals, activities, the annual holiday, clothing and bedding. We saw evidence that people were asked for their suggestions, and their views and concerns were acted upon. One person we spoke with told us, "Were asked for our ideas and suggestions about things like food, activities and trips".

Staff told us they were happy working at the home and felt well supported by the manager and deputy manager. One staff member commented, "I like it here. I feel part of a close knit team. It's a small service so we can develop meaningful relationships with people. The management of the service is good, it's open. I feel well supported by [Manager] and [Deputy manager]". Another staff member told us, "The management are fantastic. We're well supported. You can raise anything and it's sorted straight away. [Deputy manager] is updating everything, for example, paperwork is easier to find and the care plans are better. The information you need is at hand".

Staff told us that staff meetings took place regularly and this was confirmed by the records we saw. They told us they were able to raise concerns and make suggestions at the meetings. We reviewed some recent meeting notes and found that issues discussed included any changes and updates regarding people living at the home, medicines, infection control, record keeping, staff responsibilities and training. The deputy manager told us that they had not previously issued annual satisfaction surveys to staff but they would introduce this at the home, to ensure that all staff comments and suggestions about the home were captured.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service, they received a thorough induction and relevant training and staff responsibilities were discussed regularly at staff meetings. One staff member told us, "We're clear about our responsibilities. Staff share set duties for the day, evening and night time". The deputy manager told us the service planned to introduce a code of conduct for staff which would further clarify their responsibilities.

The vision of the home was, 'To enable our service users to live in a secure and safe environment, taking into account individual wishes and aspirations for the future'. We saw evidence during our inspection that this vision was promoted and achieved by the management and staff at the home.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, community nurses, GPs, podiatrists and speech and language therapists. This helped to ensure that people had support from appropriate services and their needs were met. The manager or deputy manager also regularly attended Lancashire Learning Disability Provider Forum, which helped them stay up to date with and share good practice.

Records showed that regular audits of quality and safety were completed by the manager and deputy manager, including medicines documentation and stock, health and safety and the home environment. We saw evidence that action had been taken where shortfalls had been identified. The deputy manager told us that he reviewed accidents/falls records regularly, however, he planned to introduce formal monthly accidents/falls audits following our inspection. He also assured us that staff training would be audited in future to ensure it remained up to date.

The manager and deputy manager were responsive to our findings during the inspection and demonstrated a commitment to improving the service. They described a number of improvements to the service which were planned, including further improvements to care documentation, a review of all policies and procedures, end of life care training for all staff and revised medication audits. They also planned to introduce regular documented one to one meetings between staff and people living at the home, to ensure that people had as much involvement as possible in decisions about their care.

Our records showed that the manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display the rating from last inspection.