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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 

Overall summary

This inspection was unannounced and took place on 2 September 2015

Elm Tree House provides care and accommodation for up to nine people. The home specialises in the care of adults who have long term mental health difficulties. Some people using the service were relatively independent whilst others required full support to meet their personal care needs and to access the community.

There is 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.

The registered manager managed the home effectively and was open and approachable to people and staff. People told us they would be comfortable to make a complaint and were confident any concerns raised would be investigated.

Summary of findings

People received care and support from adequate numbers of staff who were well trained and supported in their roles. The provider's recruitment practices minimised the risks of abuse to people and people felt safe at the home.

Risk assessments were carried out with people to enable them to maintain their independence and individuality with minimum risk to themselves and others.

Staff had access to training which ensured they had the skills and knowledge to meet people's needs. Staff received regular supervisions and appraisals to monitor their work.

Staff were responsive to changes in people's needs and adjusted levels of care accordingly. There were ways for people to express their views about the care they received which made sure people received support in line with their wishes and preferences.

People had opportunities to take part in a range of activities according to their interests and abilities. Staff supported people to access community facilities where appropriate. Some people accessed community facilities without staff support.

People were supported by staff who respected their privacy and individuality. People were able to maintain their own routines and make choices about all aspects of their day to day lives. People were able to choose to spend time alone or to socialise in communal areas.

People's medicines were safely administered by competent staff. There were protocols in place to make sure any medicines prescribed on an 'as required' basis were appropriately administered.

People had access to health and social care professionals to ensure they received effective treatment to meet their needs. Staff supported people to attend medical appointments where appropriate.

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.

There were sufficient numbers of staff to enable people to receive care and support in a relaxed manner.

People received medicines safely from staff who were competent to carry out the task.

Risk assessments had been completed to enable people to retain their independence and individuality with minimum risk to themselves and others.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and experience to effectively meet their needs.

People's legal rights were protected because staff consulted relevant people when someone was unable to make a decision for themselves.

People received meals in line with their wishes and needs.

Good



Is the service caring?

The service was caring.

People were supported by kind and understanding staff.

People's privacy and lifestyle choices were respected.

There were ways for people to express their views about the care they received and the running of the home.

Good



Is the service responsive?

The service was responsive.

Staff responded to changes in people's needs to make sure they received appropriate care.

People told us they would be comfortable to make a complaint.

People had access to a range of activities according to their interests and abilities.

Good



Is the service well-led?

The service was well led.

People benefitted from a registered manager who ensured staff had access to up to date good practice guidelines.

There were effective quality assurance systems which monitored the quality of the service.

People described the registered manager as approachable and supportive.

Good



Elm Tree 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 is 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 inspection took place on 2 September 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in September 2013 we did not identify any concerns with the care provided to people.

During this inspection we spoke with six people who lived at the home, two members of staff and the registered manager. We also received feedback from one healthcare professional. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, two staff personal files and records related to quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us “I feel safe here. No one will harm you.” Another person said “They are kind and look after you well.”

To enable people to take part in activities and receive care safely risk assessments had been carried out. These took into consideration people’s long term mental health needs. For example, one person had a risk assessment in place which included regular staff checks to minimise risks in respect of the way the person chose to use their room. Another person had a risk assessment for the use of a kettle in their bedroom. These risks had been discussed with people and they had signed to say they agreed with the control measures in place to minimise risks to themselves and others. One person told us “They explain things to me and we come to an agreement.”

The provider had a robust recruitment procedure in place which minimised the risks of abuse to people. They carried out appropriate checks on new staff which included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. One member of staff confirmed they had not been able to start work until the registered manager had received all the appropriate checks and references.

The registered manager told us in their provider information return that all staff received training on an annual basis about how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I know she [registered manager] would sort out any concerns.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us there were always enough staff to make sure people were supported with their personal care needs and had opportunities to take part in social activities in the community and at the home. The registered manager informed us staffing levels were determined by the needs and wishes of people. On the day of the inspection there was enough staff available to make sure people went out to appointments and took part in activities.

People’s medicines were administered by staff who had received specific training and had their competency assessed by the registered manager. This made sure their practice was safe. People told us they received their prescribed medicines at the correct times. One person said “They do the tablets properly.”

Some people were prescribed medicines on an ‘as required’ basis. There were protocols in place to inform staff when these medicines should be given. There were also instructions for what to do to prevent a decline in a person’s mental health, if they repeatedly refused their prescribed medicines. One person explained to us the action that had been taken when they had refused medicines for a number of days. The action taken had been in line with the person’s care plan.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff had a good understanding of each person and their individual needs. One person said “All the staff know what they are doing.” Another person told us “They know all my ways and accept me as I am.”

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Staff told us they had been able to work alongside more experienced staff when they began work at the home. This enabled them to get to know how each person liked to be supported.

Staff had opportunities to undertake nationally recognised qualifications in care which gave them the skills required to carry out their role effectively. One member of staff told us “Training here is very good. They make sure you are kept up to date with things.”

To ensure staff understood the needs of people with mental illness, specific training was made available. One member of staff told us about a course they had completed in mental health issues and said “It gave me a real understanding of the people who live here.” One person had recently been diagnosed with dementia and specific training in this subject had been arranged for all staff. This had changed some areas of practice including how food and drink was presented to the person to enable them to maintain their independence.

The home supported people to see health care professionals according to their individual needs. A healthcare professional, who provided feedback to us prior to the inspection, said they had positive experiences when dealing with the staff at the home. Care records showed people were seen regularly by healthcare professionals according to their physical and mental health needs.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person had recently lost weight during a hospital admission and they were being provided with a high calorie diet and food supplements to increase their weight.

The staff acknowledged people had different routines and lifestyles and meals were served at times which fitted with people’s individual choices. During the inspection meals were served to people on their request. One person said “When you’re hungry you can have something to eat.”

People received the help and support they required to eat their meals. One person required encouragement to eat and we saw staff gently prompting the person with their main meal. Another person needed a specialist chair and this was available.

People were complimentary about the food served. One person said “Lovely food.” Another person said “The food is much better these days. It’s really nice.”

Most people who lived at the home were able to make decisions about their day to day care. Care plans had been discussed and agreed with people to demonstrate they consented to the level of care provided to them. People were encouraged to maintain their independence and made choices about how and when they were supported by staff.

Staff had received training and had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One care plan we read showed that best interests decisions had been made for the person regarding some of the equipment they needed to keep them safe. Records of best interest meetings showed personal and professional representatives had been involved in the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. One person was being cared for under this legislation and all appropriate paperwork was in place to show the correct procedure had been followed.

Is the service effective?

The registered manager had arranged to have their practices in respect of MCA audited by an outside provider.

This audit showed the registered manager and staff had a good understanding of the principles of the act. Where recommendations to improve practice had been made these had been actioned.

Is the service caring?

Our findings

People said they were cared for by kind and understanding staff. People told us staff respected them as individuals and encouraged them to express themselves. One person said “They help me to talk about things. They listen to you.”

Throughout the inspection visit we observed and heard kind and caring interactions between staff and people who lived at the home. We saw staff supported people in a gentle way and allowed them time to express themselves. When one person became upset staff responded in a calm and reassuring way. Staff were non-judgemental and showed respect for people and their chosen lifestyles.

Some people had lived at the home a number of years and had built friendships with other people and the staff who supported them. One person said “They are my family.” Another person said “This is my home. It’s a very comfortable place to call home.”

People’s rooms were their private spaces and staff respected people’s privacy. Two people had chosen to share a room but all other rooms were for single occupancy. People were able to lock their bedrooms if they wished to. One person said “I don’t lock my door. No one comes in without my say so.” Another person told us they always locked their door because it was their private area.

People made choices about where they wished to spend their time. People were able to spend time in communal

areas or in the privacy of their rooms. Staff always knocked on bedrooms doors and only entered when invited in. One person said “I like my own company at times. I come to my room because it’s nice and quiet. You don’t get disturbed.”

There were ways for people to express their views about their care. Each person had a named keyworker who reviewed their care plan with them on a regular basis. There were also regular reviews of people’s care with professionals from outside the home. This gave people an opportunity to discuss their care and their feelings about living at Elm Tree House. Most people had signed their care plans to show they agreed with the contents. Where people had refused to sign their care plan this was clearly recorded.

People spent time with staff on a one to one basis throughout the day. This could be going out to access community facilities or chatting at the home. This enabled people to share their views and discuss their care. The registered manager and provider worked in the home and were always available if people wanted to discuss their care or any issues relating to the home. There were monthly meetings where people were consulted and asked for their views.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and affectionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us “Everything is my choice.” A member of staff said “Just like us, everyone gets choices about what they want.” A healthcare professional told us they felt staff encouraged personal choice and promoted people’s independence.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. From initial assessments individual care plans were drawn up with people to show how needs would be met. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes and promoted their well-being.

People set monthly goals and targets which were in line with their aspirations. These could be long or short term goals. For example one person’s current goal was to get up each day in time to take part in an activity of their choosing whilst another person had a goal to live independently. Staff respected people’s individual wishes and encouraged and supported them to meet their goals

Staff supported people in a way that met their individual needs. People enjoyed varying levels of independence and staff adapted to meet each person’s needs. Some people required full care and support to meet their personal care needs whilst other required only prompting and encouragement. Some people were able to access the community without staff supervision and other people required staff support. People told us staff supported them in a way that met their needs. One person said “You get as much help as you want.”

Staff responded to changes in people’s needs to make sure they continued to receive appropriate care. Some people had lived at the home for a number of years and in this time their physical and mental health needs had changed. For example one person required increased support to meet their personal care needs and this was provided. Another person had always enjoyed going out on the bus

unaccompanied but was no longer able to physically manage this. In response to their changing needs staff accompanied the person to make sure they continued to go out by bus. This person told us “I still get to go out.”

The registered manager ensured people had the equipment they required to meet their changing needs. They liaised with specialist healthcare professionals such as occupational therapists to make sure equipment was suitable for each individual. One person whose mobility had reduced had agreed to have a pressure mat in their bedroom. This enabled staff to be alerted when they were moving around their room and to respond quickly to offer assistance and reduce their risk of falling.

People were able to take part in a range of activities according to their interests. One person enjoyed sports and staff supported them on a one to one basis to take part in, and watch, various sports. Another person told us they liked to cook and said they went to a local community centre for cookery classes. They also cooked at the home and on the day of the inspection baked a cake with the support of a member of staff.

Staff worked hard to find activities that interested people and matched their wishes and abilities. A member of staff told us about one person who had very few interests but enjoyed working with computers. They had found a computer course at a local community centre which they were enjoying attending. One person had a long standing interest in growing plants. The home had an allotment which this person spent time at and they also grew some fruit and veg in the home’s garden. They told us they had recently won second prize at the local flower show for a selection of their produce. One person said “I’m a loner. I prefer to do my own thing. Sometimes I ask the staff to come out with me, maybe to a café, and they seem to enjoy that.”

There were also trips out for people to take part in. There had been a recent trip out to the seaside which one person told us they had very much enjoyed. The registered manager told us they tried to arrange trips that were inexpensive to ensure everyone could be included. There were photos of picnics and days out that people had taken part in. Everyone had a bus pass which enabled them to use public transport to access community facilities either with or without staff support.

Is the service responsive?

The staff respected people individual religious and cultural beliefs. One person had a strong religious belief and staff supported them to attend church regularly.

People were supported to maintain contact with friends and family. Visitors were always made welcome at the home. On the day of the inspection one person went out with a family member.

Each person received a copy of the complaints procedure when they moved into the home and further copies were available around the communal areas. People said they

would be comfortable to make a complaint if they needed to do so. One person said “I would complain if there was something to complain about.” Another person said “I’d probably bring it up at one of the meetings. It would get sorted.”

All complaints made were recorded and there was information about the action that had been taken to address issues raised. There was also recorded information about what lessons could be learnt from each complaint. This information was shared with staff at staff meetings.

Is the service well-led?

Our findings

The service was well led by a registered manager, who was also one of the providers. They had the skills and experience to effectively manage the home. The registered manager was a qualified nurse who kept their skills and practice up to date by regular training and reading. They were a member of the local learning exchange network which provided a forum for managers of care services to share good practice and keep up to date with changes in care regulations.

The home was also a member of the Somerset Registered Care Providers Association (RCPA) which provides on-going support and guidance to registered providers.

People described the registered manager as very approachable and supportive. One person said “She’s a very good boss. You can talk to her.” A member of staff said “She’s a really good and supportive manager.” During the inspection visit people were extremely comfortable with the registered manager and they spent time chatting with and supporting people. When the registered manager was in the office people went in and out to ask questions and to chat.

The registered manager had a clear vision for the home which was to promote people’s independence through the use of long and short term goals. They told us they wanted the home to be somewhere people felt at home to do the things they wanted to do. Their vision and values were communicated to staff through day to day conversations, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with the registered manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Comments from people demonstrated the aims of the home were put into practice. One person said “I feel very settled here.” Another person said “I please myself. It’s my home.”

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there were senior support workers who took responsibility when the registered manager was not at the home. We were told there was always a senior member of staff on duty. This made sure people and staff always had access to an experienced member of staff. One senior support worker told us their role was to organise the day to day running of the home in line with people’s wants and needs.

The registered manager regularly reviewed and up dated policies and procedures to make sure they remained reflective of up to date good practice guidelines and legislation. This ensured all staff practice was up to date and they were able to support people in a manner that respected their rights.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. Where medication errors had occurred these had been fully investigated to see if any learning could be shared with staff. There was also an action plan in place to set out how on-going improvements to the building would be made.

All accidents and incidents which occurred in the home were recorded and analysed which helped the registered manager to identify trends and monitor people’s individual well-being. Where someone had a number of falls we heard that staff supervision of this person had increased and they had not had any further falls.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.