Elmcare Limited

Elmwood House

Inspection report

Elm Street
Hollingwood
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Tel: 01246477077

Date of inspection visit:
02 February 2018

Date of publication:
26 February 2018

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

Summary of findings

Overall summary

We inspected this home on 2 February 18. At our last inspection we found the provider was meeting the regulations and we rated the home as 'Good' overall. However for the key section of caring we rated them as 'Requires improvement' and asked them to make improvements to achieve a minimum rating of 'Good'. The care service supports people with learning disabilities and autism to support them to live as ordinary a life as any citizen. This service is delivered in a large complex and was registered with us before the introduction of 'Building the Right Support and Registering the Right Support guidance.' However the home aims to work towards the guidance with the values that underpin this practice.

These values include choice, promotion of independence and inclusion. Elmwood is in the village of Hollingwood. The accommodation is provided in a large building divided into four units. Each unit is independent with their own kitchen, living space and bedrooms. Elmwood accommodates 32 people, at the time of our inspection there were 31 people using the service.

The service had 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 provider had not always completed audits and those which had been completed had not been used to reflect trends and drive improvements. Peoples views had been considered, however a formal survey had not been completed or an improvement plan completed to reflect the direction of the home.

The home offered a homely atmosphere and people felt the management team were visible. There were sufficient staff to support people's needs who were aware of how to keep them safe from harm. People had their risks assessed and measures taken to reduce any risks. The medicines were managed to meet peoples prescribed needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Health care professionals had been consulted and when guidance was provided this was implemented. People enjoyed the meals and had a choice which reflected their preference and dietary needs. Individual's independence levels were promoted and life styles were being developed. People were protected from having sore skin and their weights had been monitored to ensure they received the required nutritional support to maintain good health.

Staff had established positive relationships which enabled them to personalise the care they delivered. Care plans were person centred and identified people's preferences and their lifestyle choices. Information was offered in a range of methods, pictorial, visual and written. Other methods were being considered to

supported understanding and choice. People and relatives all identified that staff offered respect and when they delivered care it was in a dignified way.

The home had a complaints procedure; however the home had not received any complaints since our last inspection. Staff felt supported in their role and had received training and inductions to enhance their skills. When staff joined the home they were checked to ensure they were suitable to work with people.

The registered manager understood their registration and had notified us of events. They had displayed the previous rating in the home and on the provider's website. We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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

People felt safe and staff understood how to protect people from harm. Risk assessments had been completed in relation to the environment and aspects of care.

People received support from regular staff and their medicines were managed safely. Measures were taken to protect people from the risk of cross infection and the areas of care were reflected on to drive changes.

Is the service effective?

Good

The service was effective

When people lacked the capacity to make decisions these had been made through best interest meetings. Where people were being unlawfully restricted appropriate steps had been followed and monitored. People received support with their diet and their weight had been monitored to maintain good health.

Specialist advice was sought promptly when people needed additional support to maintain their health and well-being. Staff had received training and an induction which gave them the skills they needed to care for people effectively.

Is the service caring?

Good

The service was caring

People were encouraged to make choices about their day and supported to achieve their requests. Staff knew people well and had positive caring relationships with them. Care was provided in a responsive and respectful to ensure people retained their dignity.

Is the service responsive?

Good

The service was responsive

People received care which reflected their needs and preferences. Staff had a good understanding of equality requirements and how to provide information in a format to suit people's level of understanding.

There were opportunities for people to choose how they spent their leisure time. There was a complaints procedure available.

Is the service well-led?

Requires Improvement

The service was not always welled.

Audits had not always been completed to reflect changes required and to drive improvements. People's views had not always been obtained and the homes improvement plan had not been updated to track the relevant changes to the home and the homes processes.

The registered managers understood their registration requirements.They were a visual part of the home and had developed a relaxed friendly atmosphere

Elmwood House

Detailed findings

Background to this inspection

We carried out this inspection visit 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 February 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit. We also reviewed notifications the provider had sent to us about significant events at the service. All of this information was used to formulate our inspection plan.

Some people using the service were not able to verbally tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. However we did speak with nine people who used the service. We also spoke with five family members who were visiting relatives.

We spoke with six members of care staff, the cook, the handyman, the nurse, the providers trainer and the two deputy manager. The home has a registered manager, however they were on leave during the inspection. We also spoke with a health care professional during the inspection and a social worker after the inspection linked to supporting people at this service. Their comments have been reflected within the report.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service. These included audits relating to accidents and incidents, infection control audits, complaints, compliments and surveys to reflect feedback.

Good

Is the service safe?

Our findings

People were protected by staff that had a good understanding of what constituted harm and how to protect people. One person said, "I'm safe and my things are safe. The staff are kind to me." Staff we spoke with understood the importance of keeping people safe. One staff member said, "Safeguarding is making sure people and staff are safe, some abuse is not direct so we need to be aware." They added, "I would have no hesitation in reporting and feel confident that it would be actioned to make the person safe." When incidents had occurred, the provider worked with the local authority to investigate any concerns.

The provider took a proactive approach to safety. We saw that risk assessments had been completed to cover all aspects of the care being delivered. For example, some people required additional support then they accessed the community and we saw these measures where followed. Some people required equipment to transfer their position. We saw that staff had received training and their competency had been assessed to ensure they had good understanding and used the correct techniques.

We saw when people were at risk of sore skin the staff had received training and followed a routine of cream and dressings to ensure the person was protected. Where people had specific health conditions we saw the people had been encouraged to receive training.. For example, one person had attended the training on catheters.

We saw that fire procedures were clearly displayed. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. Staff we spoke with were aware of the plans and the level of support people would need.

Some people had behaviours which challenged and on occasions placed themselves and others at risk of harm. We saw for these people there was a behaviour plan which identified possible triggers and different methods of how to manage the behaviour. One staff member told us, "We don't apply consequences to the event. Sometimes it can take a few days before the person is able to relate to the incident. We reflect when it is appropriate to support the person's understanding of the incident." On occasions when behaviours had escalated restraint was used to ensure the person and others at risk were made safe. All the staff had been trained in how to restrain a person in the least restrictive way and when it was used it was recorded in accordance with the guidance.

The guidance required staff to detail any restraint they had used and the incident before and after. We saw examples when this guidance had been completed and the follow up actions taken. The providers trainer told us how they had changed the training they provided in relation to restraint. They said, "The new training is more expensive, however it provides techniques which require minimal interventions and is less offensive." This was changed following a review of the support required for people's behaviours. This showed the provider looked to learn from practices when supporting staff in their role.

There were sufficient staff to support people's needs. One relative said, "The staff ratio is high and they are

superb. The care staff, nurse and the management are brilliant." We saw that people received the hours of support in relation to the care needs which had been commissioned. For example, where some people required a one to one this was provided. For these packages the provider had established a small team to ensure consistency for the person. A one to one staff member said, "The person receives the same staff group. We are never asked to leave the person; the hours are protected." They added, "The person is more likely to express themselves in a more challenging way if they are not supported with the same team." We saw the two deputies and team leader were not allocated to a unit so are able to step in to support if required. On the day of the inspection following an incident we saw how the staff team was reallocated to support people's needs at that time. This showed the provider ensured the correct staffing levels to support people's needs.

People who used the service had been involved in the interviewing of new staff members. One person told us, "I helped to interview two people and they both got the job. I asked questions like, Would you take me out?" When new people had been recruited the provider had ensured checks had been completed to confirm they were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions.

People received support with their medicine. One person said, "Staff look after my tablets, I know my medicine and I'm glad." A family member said, "[Name] takes loads of medicine and that is well managed." Medicines were administered to meet individual need. . All medicine had been stored, recorded and monitored to reduce the risks associated with them. Some medicine was used on an as required basis (known as PRN) for pain relief or to support people levels of anxiety. All medicine is administered by the qualified nurses who had received training and competency checks. We saw that a weekly audit was completed on the medicines and this ensured any errors were identified and corrected. For example, missed signatures or more detail required on the PRN protocols.

The domestic staff ensured the environment remained clean to reduce the risk of infections. We saw staff used personal protective equipment when completing personal care tasks or when serving food. The home had a five star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

Good

Is the service effective?

Our findings

People being given choices about their day. These were based on their level of understanding and their health conditions. Staff knew people well and were able to provided suggestions or guidance as to things which may be of interest. To support peoples understanding a range of communication methods were used. For example, picture cards or visual prompts. Other people would take the persons hand and guide them to the activity they wished to consider.

We saw that equipment was used to protect people's safety. For example, sensor mats or bed alarms for people with specific health conditions like epilepsy. This enable to staff to be able to maintain the person's safety and respond when the alarm is activated.

Staff were provided with training and guidance to support them in their role. All the staff we spoke with felt they had training relevant to their role. The maintenance person had also received training in care aspects and restraint as they provided care along with their role. The provider had a dedicated trainer who ensured that staff received the correct training for their role. Each element of training was reflected in competency checks. The trainer told us, "I assessed staff after the training and if they are not confident or not meeting the standard, they are supported with further training and peer support."

Standards established from the care certificate had been developed so that all these elements were covered in people's induction. A new seven day induction plan had been developed. All new staff had to complete this element before progressing with shadowing an experienced staff member for two weeks. We saw that each location had moving and handling trainers available. One staff member said, "It's important to be able to be responsive as people's needs can change."

People were supported to eat and drink enough to maintain a balanced diet. One person said, "I am going to do Healthy Eating training next week." We spoke with the cook who was aware of people's dietary needs. These along with people's preferences had been developed into a weekly menu. Some people chose other items not on the menu and these were provided. We saw that one of the kitchen staff delivered practical cooking sessions with people in the units. One of the units which supported people to progress to independence had purchased a kettle and toaster. This enabled people to make drinks and snacks and develop their skills. Following some feedback from the people who use the service the registered manager had introduced a flexible meal time. Some people in other units liked a set time for meals and this was maintained, others wanted the flexibility so they could consider their meals around activities.

People's health care needs had been considered. We saw that a range of referrals had been made to health professionals depending on the individual's requirements. For example, those struggling with their mobility had been referred to an occupational therapist to seek guidance. Some people had been provided with equipment which we saw was in use. When people were required to attend health appointments they were supported by staff who knew them well and were able to guide them through any processes or explanations. A health care professional told us, "The staff group work really hard and listen to advice from us and the

psychiatrist." We also saw a dentist had sent a letter of thanks follow a visit. It stated, 'Nothing was too much trouble despite the daily challenges.'

People were able to personalise their space. For example, pictures and furniture which they had chosen. People had access to the garage, which had been made available as a meeting space for those supporting gardening. The registered manager told us the new providers were planning to make some refurbishments to the home. They had commenced with a maintenance programme and then they planned to progress with decoration.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We checked to see if the provider followed the Act. We saw assessments that had been completed were decision specific and had been used to reflect areas when the person was unable to make the decision themselves. We saw best interest meetings had been instigated with professionals when a decision was required which had an impact on a person's wellbeing.

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 application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions had been authorised to deprive a person of their liberty were being met. We saw that some DoLS had been authorised and they had specific conditions attached. We reviewed the conditions for people and saw that they had been monitored and when they had been unable to meet them they had recorded the reasons way.

Good

Is the service caring?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects of care that could be improved to make people using the service feel cared for. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People had established positive relationships with the staff. One person said, "I like it here." Another said, "I am looked after how I want to be looked after." Relatives also felt comfortable with the care people received. One family member said, "My relative is so happy and content." Another said, "The care is good care and the staff love our relative to bits." We saw that throughout the day people were encouraged to make choices and when they had done so they were supported to achieve this. For example, some people had their hair placed in rollers, others went into the community and others participated in activities in different areas of the home. Staff told us they recognised the importance of establishing a rapport with people. One staff member said, "The relationship is really important and you are supported with that here." Other staff we spoke with said how they enjoyed the atmosphere of the home, one said, "The people are like my family, so it's important to look after them like you would your own." All the staff including domestic, maintenance and kitchen staff knew people well. We saw that when it was an occasion for people this was celebrated and it linked to an area of interest for the person. For example, one person's birthday cake depicted Reggae music.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "The communication is good and they let us know what is happening." Another relative said, "The atmosphere is very homely."

People had been encouraged in developing their independence skills. Some people were moving from the home into smaller independent settings. A family relative said, "[Name] is being supported to rebuild the skills they had lost. Like cooking, computer skills and money. They are also supported to budget their money." Some people had voluntary jobs in charity shops and other people had been encouraged to complete some administration tasks in the office to develop their skills. One person said, "I work in the office and answer the phones, shredding and writing things down. I make drinks using the staffs tea and coffee".

People felt their privacy and dignity was respected. One person said, "I lock my bedroom door when I go out." Other people told us they had their own keys. A relative said, "Staff treat all the people with great care, compassion and with dignity." We saw how people had been supported to maintain their dignity. For example, one person was unable to keep their toiletries in their room due to past experiences of the person using the products for the wrong purpose. Overtime this has improved and they now able had access to them. The home had achieved the dignity award from the local authority which was due to be revisited. Other people had identified a need for privacy to express themselves sexually, this had been recognised and respect given to ensure they could access time undisturbed. The deputy told us they were forming a working party so that staff and people who use the service could be involved in developing the required elements to meet the award criteria.

Good

Is the service responsive?

Our findings

The registered manager ensured that before people moved to the home an assessment had been completed to ensure the home could meet the person's needs. A social care professional told us, "I had struggled to place [name] but the home recognised what they could do and ensured the necessary elements were in place to support them." They added, "When [name] was settled they continued to communicate and seek advice so they were able to support the person." The care plans had been developed with the person and those important to them had been involved in identifying their needs. We saw that reviews were completed and involved the relevant professionals. One health care professional said, "The paperwork is always available and up to date. They work really well at establishing a good relationship with the person."

The staff team had a good knowledge regarding the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment so they have access to the same information about their care as others, but in a way that they can understand. We saw some information was in a pictorial format and that the registered manager had recently purchased some new software to enable them to use a range of methods to share information with people.

Staff also knew the importance of not discriminating against people. They were able to provide examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. For example one person was supported to attend a gay pride event. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

Each day the staff received a handover before they commenced their shift. This provided an up to date picture of the support people may require. Staff said they found this to be valuable as they were able to focus on the person's needs. The registered manager told us they planned to develop this area to make it even more effective.

People were encouraged with choices about how they filled their time. One person said, "I do some knitting at night time, I don't stay up and I like to go to bed at 9.00pm. I go to sewing on a Tuesday. My room is comfy, I love it." Other people told us they worked at the local farm and in a charity shop. Some people had limited communication and accessed sensory boxes, which contained items of different scent and items which were tactile. We saw throughout the day activities were offered which people participated in. This meant people were encouraged to engage in activities of interest to them.

People and relatives told us they knew how to raise any concerns. One relative said, "We have never needed to make a complaint." The home had not received any complaints since our last inspection. We saw that the complaints policy was displayed in the reception and there were copies around the home of a pictorial version to support peoples understanding. The service had received some compliments, on said, 'Huge thanks to the staff, it is more than evident they are healthy and happy here.' The deputy told us they planned to look at how further opportunities could be made to respond to any concerns people had even if informal.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we had not reported on this. The registered manager told us they planned to develop this area so they could consider peoples wishes and develop a better understanding for people in relation to dying and bereavement.

Requires Improvement

Is the service well-led?

Our findings

We found that systems were not always in place to monitor the quality of the service. The provider's audit in relation to accidents and incidents identified the numbers of events; however this did not identify trends or ongoing concerns to prevent these from reoccurring. An infection control audit had been completed. This had limited scope and reflected on policy and not the fabric of the home. We discussed the audits with the deputies and the registered manager and they confirmed they needed to review their auditing tools to reflect how they identify areas of concerns and manage them to make improvements. The improvement shared with us were not up to date. Elements within the plan had not been signed off or updated following the new providers and the change in management structure.

The new providers planned to refurbish the home; however there were no formalised plans and these had not been shared with people who use the service and their families. A family member said, "The fabric of the building is shabby, but my relative is safe." Another said, "The decoration is poor, but I wouldn't move my relative because they are safe, happy and very well cared for." We noted that there had not been a recent survey. One relative said, "We did have a survey, but that was a long time ago". We discussed this with the deputy managers; they confirmed this area needed to develop and planned to consider a survey this year, so they could receive feedback on the service and use it to drive improvements.

There was a registered manager at Elmwood who had a clear understanding of the requirements under the regulations and ensured they informed us of events which had an impact on the service. We saw that partnerships had been established with health care professionals and local groups. A social care professional said, "If I have any concerns they address them and they are always happy to try new ideas or implement elements to support peoples care."

People, relatives and staff are felt there was a warm atmosphere at the home. One person said, "I like it here, I can relax and I have my own space." Relatives told us it had a homely feel. People also commented that the management team were visible and knew people really well. Staff we spoke with said, "There is a real openness here and you feel part of a team."

Staff told us they were supported through a formal supervision process. One staff member said, "We talk about my training needs, how I am coping and any support I might need. It's really helpful." Staff felt able to raise concerns, one said," All the staff would be supported here if they had any concerns the management are very approachable."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website