The Elms Care Centre Limited

The Elms Care Centre

Inspection report

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19 May 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12, 13 and 19 May 2016 and was unannounced.

We last inspected The Elms Care Centre on 4 and 6 March 2015. We asked the provider to take action to make improvements, as we found people's rights to consent to and be involved in planning their care were not always respected; and records did not always reflect people's current needs. The provider sent us an action plan detailing the improvements they would make. At this inspection we found improvements had been made, but we found concerns regarding the implementation of the Mental Capacity Act 2005 (MCA).

The Elms Care Centre is registered to provide accommodation for nursing and personal care for up to 37 older people. When we inspected 32 people lived at the service.

A registered manager was employed to manage the service locally. 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.

People who were considered to lack capacity to make decisions did not have an assessment in place to explain how each decision had been made. People's care plans did not give staff guidance about which daily decisions they may need to make in a person's best interest and how to do this. The registered manager had applied to the local authority for authorisations to restrict the liberty of some people as being in their best interests. More important decisions about people's lives had been made through a best interest meeting. However, as neither the authorisations or the meetings were supported by a mental capacity assessment they were not following the principles of the Mental Capacity Act 2005 (MCA). This meant that people's rights may not always be protected.

People and staff were relaxed throughout our inspection. There was a very calm, friendly and homely atmosphere. People told us they enjoyed living in the home. Comments included, "It's a lovely home. This is the best I can hope for. Every single staff member is helpful." People spoke highly about the care and support they received; one person said "You are an individual here. They consider 'you'. They look after you." Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Relatives and friends were made to feel welcome and people were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints.

People had their health and dietary needs met. Staff monitored people's health and well-being and supported people to access health services when required. People had their medicines managed safely, and received their medicines in a way they chose and preferred.

People told us they felt safe. Comments included, "I have never felt at risk or unsafe." All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interests and individual hobbies. A staff member commented, "We listen and observe people's reactions to things and we chat to them and ask them what they like."

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included, "[….] is a very good manager and if there's a problem, they'll deal with it. I know I can talk to them and things will get sorted out."

We found a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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 told us they felt safe living at the service.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People were protected by safe and appropriate systems for handling and administering medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People's mental capacity was not being assessed to determine their ability to make specific decisions for themselves to ensure their legal rights were protected.

People were looked after by staff trained to meet their needs.

People had access to health care services which meant their health care needs were met.

People liked the food provided and always had enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

Is the service responsive?

Good

The service was responsive.

People had care plans in place to reflect their current needs.

Activities were provided to keep people physically, cognitively and socially active.

People felt confident discussing any concerns with staff or the registered manager and these were resolved quickly for them.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff said the service was well-led.

Staff were encouraged to question practice and were motivated to suggest new ideas.

People and staff felt the registered manager was approachable.

The Elms Care Centre

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.

The inspection took place on 12, 13 and 19 May 2016 and was unannounced.

The inspection was made up of one inspector, an expert-by-experience and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed notifications about the service. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 13 people and three friends and relatives. We observed how staff interacted with people. We also spoke with seven staff and a physiotherapist who was visiting people living in the home. We looked at the care records for six people as well as other records relating to the service. This included staff records, health and safety records and quality audits.

Prior to the inspection we sought the views of a GP who knew the service well.

Good

Is the service safe?

Our findings

Staffing levels had been increased since the last inspection and the rota was designed around the needs of people. For example the registered manager told us people tended to need more support in the mornings, so more staff were planned to work during this busier time. People told us they felt there were enough competent staff on duty to meet their needs and keep them safe. One person staying short term, on respite, said they had noticed an improvement in staffing from their previous visit commenting, "Staff levels are good and the staff appear to be happy." Staff also confirmed they felt staffing had improved and there were now sufficient numbers on duty to support people.

People told us they felt safe. One person said, "I have never felt at risk or unsafe," and feedback collected from people by the provider stated, "I do feel safe and I am happy with the care I receive." Visitors also felt it was a safe place for their family member to live. One visitor explained that his wife had fallen when living at home but he felt she was much safer now and had peace of mind that she was safe. A staff member confirmed, "People are safe. Procedures are all in place. We are very diligent to their needs and what is suitable for them. They're assessed regularly and again, if anything changes."

Staff were not rushed during our inspection and acted quickly to support people when requests were made. People told us their call bells were answered promptly. This was particularly important for one person whose health needs required a swift response from staff. They told us, "When I use my bell, they always come quickly." They explained this made them feel safe.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I would report it to the nurse in charge. It would definitely be taken seriously." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. A new member of staff confirmed, "I had to wait for my checks to come back and then I could start."

People were supported by staff who understood and managed risk effectively. Risk assessments were in place to support people to live safely at the service. Risk assessments were up to date and measures to mitigate risks to people were recorded in people's care plans for staff to follow. The PIR stated, "We schedule to revise all risk assessment formats and make improvements to ensure the safety of our residents, staff and visitors."

Staff were knowledgeable about people who had behaviour that may challenge others. Staff described different strategies they used to support someone to calm down if they became anxious. However, these strategies were not recorded in people's care plans or risk assessments to help ensure all staff recognised

people's anxiety and responded in a consistent way to keep people safe. The registered manager told us they would include these immediately.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs relating to medicines.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that people's consent was not being sought in relation to the care being provided and that care plans did not specify which decisions people could make for themselves, as required by the MCA. At this inspection, we observed people's consent was sought before staff provided any care, support or any medicines. Consent forms had also been completed in people's care records. However, there was no detail about which decisions people could make for themselves and which ones staff might need to make in their best interests.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA provides a legal framework for making specific 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 a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive available. The registered manager had attended training but had not implemented capacity assessments as required by the MCA. Staff confirmed care plans did not give guidance on how people's capacity might affect which decisions they could make themselves and which may need to be made in their best interests. Bigger decisions, for example medical treatment or where people lived, were discussed with a range of professionals and family where appropriate to ensure they were being made in the person's best interest. However, as these were not underpinned by a mental capacity assessment, they were not following the principles of the MCA.

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 the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations on behalf of people however, as these were not underpinned by a mental capacity assessment, they were not following the principles of the MCA.

We found the legislative framework of the Mental Capacity Act 2005 was not being followed. People who were deemed to lack capacity did not have mental capacity assessments in place. Staff were not given guidance about which decisions they may need to make in people's best interests. Not acting in accordance with the Mental Capacity Act (MCA) 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the recording of people's nutrition and hydration requirements was inaccurate and care planning did not always reflect the care needed to meet people's needs. At this inspection, we found that, where people had particular nutritional or hydration needs, guidance for staff had been added to people's care plans. Records were completed accurately to enable staff to monitor the person's needs and identify if further support was required. For example, one person was assessed as requiring a limited water intake and this was recorded in their care plan. They told us they had complete

trust that staff would not let them have more than was advised saying, "Sometimes I will try to have more than I should but the staff make sure I stay within my prescribed limits."

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures and training to develop their knowledge and skills. Staff then shadowed experienced members of the team until both parties felt confident they could carry out their role competently. On-going training was then planned to support staffs' continued learning and was updated when required. Specific training was provided to ensure staff had the skills and knowledge to meet people's individual needs. For example, staff had requested more training on how to support people living with dementia and this had been provided.

People were involved in decisions about what they would like to eat and drink. Staff told us, "We see people every day to ask what they want for lunch and tea. If they have any concerns about the food they can tell me that too. One person isn't able to tell me what they want so their daughter tells me what they would choose." Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. The PIR stated, "Good nutrition and hydration takes priority at The Elms." The registered manager confirmed, "Meals are a vitally important part of a resident's day. I work hard to ensure they receive the best possible food." The registered manager was a member of a food and nutrition working group and used this knowledge to help ensure people's nutrition and hydration needs were met.

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Residents meetings were used to discuss people's meal preferences and these were immediately communicated to kitchen staff who explained, "One person told us they didn't like their carrots so soft, so now I take them out earlier so they can have them how they like them." People confirmed their food choices were respected and told us they enjoyed the food. One person told us, "Meals are splendid, there is a choice every day and the cook is excellent. It is just as you would cook yourself."

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment a choking risk when eating. Staff sought advice and liaised with a speech and language therapist (SLT). Recommendations to observe the person when eating had been made to minimise the risk to the person. However, staff were keen to protect the person's dignity and had attempted to do this from the corridor. The registered manager immediately changed the risk assessment to ensure staff explained the risk to the person and offered them support at each meal time. Where appropriate, people's health needs were communicated to staff in the kitchen so they could support the person to have the correct diet. For example, staff told us, "We have a few people who have low iron at the moment so we cook lots of iron rich foods for them."

People had their healthcare needs met. People said they could see their GP and other healthcare staff as required. Records detailed people saw their GP, specialist nurses, opticians and dentists as necessary. People also had regular medicine and health assessments with their GP.

Good

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "You are an individual here. They consider 'you'. They look after you," and "It's a lovely home. This is the best I can hope for. Every single staff member is helpful." Two people told us staff always had happy faces and laughed about the pet names staff had given them. Staff made people feel special and we witnessed warm and caring interactions between staff and people. One person who stayed for short term respite told us, "Staff know me and are pleased to see me. They want to keep me!" One staff member told us, "I love the residents and their life stories."

People told us their privacy and dignity was respected. Staff always knocked on people's doors before entering and gave examples of how people were supported to have the privacy they needed. For example, ensuring curtains were closed when personal care was being provided.

People were supported by staff who encouraged them to maintain their independence. One staff member gave examples of how this was done saying, "When people are getting washed we always encourage them to do as much as possible for themselves. We also try to make sure people have the correct equipment to eat with so they can carry on doing it for themselves as long as possible." Another staff member described how they had supported one person, when they first moved in, to go out and get to know the local area so they could now go out independently.

Staff showed concern for people's wellbeing in a meaningful way. A staff member explained, "This is their home and it's their quality of life that's important." Staff interacted with people in a caring, supportive manner and took practical action to relieve people's distress. For example, one person was concerned about some new medicine they had been prescribed. The registered manager took time to speak with the person to explain what was happening. They promised to explain again when the new medicines started. Staff gave us examples of how they used different forms of communication to ensure people felt well cared for. One person did not speak English and staff explained they had translated key sentences and that they also used the person's family every day to aid communication. One staff member told us, "We still chat to them and they chat too. We are tactile in case they don't understand our words, to make sure they feel secure."

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff's comprehensive knowledge of people was also extended to family and friends. When visitors arrived, they were greeted with warmth and affection.

People were given information and explanations about their treatment so they could be involved in making decisions about their care. For example, staff involved one person's family member to help explain treatment that had been recommended by the GP. Another person, who had recently moved in was anxious about the move. The registered manager described how they contacted the family to reassure the person at times of anxiety to help explain what was happening. They told us, "We explain, take time and try again

later."

Good

Is the service responsive?

Our findings

At the last inspection we found that care plans did not always reflect the care being delivered and did not always involve the person. At this inspection we found that care plans reflected people's needs and the care they received and there was evidence that people had been involved in planning their care.

The registered manager planned to add more personalised detail about people's individual likes and dislikes. For example, staff described how one person liked to take great care over their appearance. The registered manager intended to update care plans to include this level of detail. People confirmed staff knew all their care needs well. One person confirmed, "They know me as an individual, my needs, what I can have and what I cannot."

People told us staff were responsive to their needs. Staff knew people well and reacted promptly when people made requests of them. For example, when someone asked for a drink a staff member reacted quickly and also asked the person how they liked their drink. A compliment sent to the staff from a relative said, "I've been very impressed with how individual requirements are met."

People were involved in planning their own care and making decisions about how their needs were met. The PIR stated "We encourage and support residents to make informed decisions regarding their care and day to day living." Staff described how they used their knowledge of people to help them make every day decisions. For example, when appropriate, they offered people simple choices to help ensure they were not overloaded with information; and if people needed extra support, they showed them the different options available to help them decide.

People told us they were able to maintain relationships with those who mattered to them. The PIR stated, "Relatives and friends are encouraged to visit regularly, are well supported and made to feel at home." Throughout the inspection, friends and relatives visiting their loved ones were welcomed by staff.

People were supported to follow their interests. Individual preferences were taken into account to provide personalised, meaningful activities. Staff provided a range of individual and group activities. These included going out to visit local amenities, church or the memory café as well as playing games, taking part in different crafts or visits from entertainers. Staff spent time finding out about people's backgrounds and what they enjoyed doing to enable them to plan individualised activities. One staff member told us, "We listen and observe people's reactions to things and we chat to them and ask them what they like." A relative described how their loved one could no longer do some of the crafts they had previously enjoyed using their hands; but a staff member now gave them regular hand massages which they particularly liked.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Complaints had been recorded and dealt with in line with the policy and feedback given to the complainant regarding the outcome. People told us they could find nothing to complain about and confirmed they would feel comfortable raising any concerns with staff or the

registered manager. One person explained how a small concern had been, "Put right straight away", and another told us, "I have no qualms. I can't think of anything to complain about."

Good

Is the service well-led?

Our findings

The registered manager had good knowledge of the staff and the people who lived there. They ensured that they remained up to date regarding people's care and support through observations and regular contact with them throughout the day. During the day we saw the registered manager monitoring mealtimes, liaising with all staff about their roles and joining in with the entertainment by dancing with someone. This enabled them to build relationships with people and helped ensure people and staff received the support and information they needed.

The registered manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The home's philosophy was displayed in the hallway and tips for staff to deliver high quality care were displayed around the home. For example, one said, "Make mealtimes special. Concentrate on the person. Let them set the pace."

One person told us they chose to use The Elms Care Centre for their short term, respite even though it wasn't their closest care home as their experience of the care provided was so positive. Other people told us they had chosen the home after witnessing the standard of care friends or relatives had received there.

People, visitors and staff all described the management of the home to be approachable, open and supportive. Staff commented, "[….] is a very good manager and if there's a problem, they'll deal with it. I know I can talk to them and things will get sorted out." A social care professional confirmed the management were open and called for advice whenever appropriate.

Staff meetings were held to provide a forum for open communication. Staff told us they were encouraged and supported to raise ideas and action had been taken as a result. For example, a new record had been created for staff to record all the care and support they had given to someone. This replaced multiple records staff had found difficult to keep track of. One staff member told us, "It's made it so much easier. It's been great."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. After a recent concern that had been raised, the registered manager had investigated, discussed findings with staff and put measures in place to help ensure similar incidents did not happen again. For example, there was now a system in place so all staff could check which people had had their breakfast and who still needed theirs. A staff member told us, "It's a brilliant system. It's worked very well." The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires had been distributed that encouraged people to be

involved and raise ideas that could be implemented into practice.

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity and ability to consent to their care and treatment were not being assessed in line with the Mental Capacity Act 2005.