Minstrels Healthcare Limited

Elmwood House Nursing Home

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 was an unannounced inspection carried out on 5 January 2016.

Elmwood House Nursing Home can provide accommodation, nursing care and personal care for 48 older people and people who live with dementia. There were 42 people living in the service at the time of our inspection.

There was a registered manager. 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.

Summary of findings

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People were helped to promote their wellbeing, steps had been taken to reduce the risk of accidents and medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way. This included being able to assist people to eat and drink enough in order to stay well. In addition, people had been supported to receive all of the healthcare assistance they needed.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken all of the necessary steps to ensure that people's rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had received all of the care they needed including people who could become distressed and who needed reassurance. People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff had supported people to express their individuality including pursuing their interests and hobbies. There was a system for resolving complaints.

Regular quality checks had been completed to ensure that people received all of the care they needed and people had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and relaxed way. People had benefited from staff acting upon good practice guidance because it helped to ensure that they received care which reliably met their individual needs and wishes.

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.

Staff knew how to keep people safe from abuse.

People had been helped to promote their good health, to avoid accidents and to use medicines safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Good

Is the service effective?
The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. This included assisting people to have enough to eat and drink to stay well.

People had received all the healthcare attention they needed.

The registered manager and staff were following the MCA and the DoLS.

Good

Is the service caring?
The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy, promoted their dignity and respected confidential information.

Good

Is the service responsive?
The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed and who needed reassurance.

People had been supported to express their individuality and to pursue their hobbies and interests.

There was a system to resolve complaints.

Good

Is the service well-led?
The service was well led.

Regular quality checks had been completed to ensure that people received safe care and people had been consulted about the development of the service.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff receiving and acting upon good practice guidance.

Good

Elmwood House Nursing Home

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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included the Provider Information Return that we asked the registered persons to complete. This is a form that asks registered persons to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed notifications of incidents that the registered persons had sent us since the service was registered. These are events that the registered persons are required to tell us about. We also received information from local commissioners of the service and healthcare professionals. This enabled us to obtain their views about how well the service was meeting people's needs.

We visited the service on 5 January 2016 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 15 people who lived in the service and with four relatives. We also spoke with two nurses, a senior care worker, three care workers, the registered manager and the regional manager. We observed care in communal areas and looked at the care records for five people. In addition, we looked at records that related to how the service was managed including medicines management, staffing, training and quality assurance.

After the inspection we spoke by telephone with a further three relatives.

Good

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. We saw that they were happy to be in the company of staff and were relaxed when staff were present. A person said, "The staff are very good to me and kind and I get on well with them." A relative said, "I don't have any concerns about my family member being here. When I go home I'm confident that they're safe and settled here".

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately on two occasions to raise concerns with external agencies about the safety of the people who lived in the service. We noted that on each occasion the registered persons had robustly established what had happened so that action could be taken to stop the same thing from occurring again. In the case of the most recent event this included requiring a member of staff not to return to work until an investigation of their conduct had been concluded. This had helped to ensure that people who lived in the service were kept safe. A person said, "I'm just fine living here."

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, people had been helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. In addition, staff had been given guidance and knew how to safely assist people if there was an emergency that required people to leave the building or to move to a safer area.

Records showed that there had been 14 accidents and near misses involving people who lived in the service in the month preceding our inspection. Most of these events had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. For example, we noted that staff had been asked to call more frequently to see someone who had fallen in their bedroom. This was so that they could remind the person to ask for assistance when they wanted to get up from their armchair.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Nurses and senior care workers who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that in the 12 months preceding our inspection there had not been any occasions when medicines had not been correctly dispensed. A person said, "The nurses bring my medicines to me every day as regular as clockwork. I see them checking their records before they give me my tablets and I suppose they must be making sure that they're the right ones."

Records showed that the registered manager had reviewed each person's care needs and calculated how many staff were needed to meet them. We noted that there was always a nurse on duty who was supported by a number of care workers and ancillary staff such as housekeepers and catering personnel. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the nursing and personal care they needed. For example, we noted that call bells were answered quickly and that staff promptly responded when people asked to be assisted to use the bathroom. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service said that there were enough staff on duty to meet their needs. A person said, "The staff are

Good

Is the service safe?

busy that's for sure but all I can say is that I get the help I need when I need it." Another person said, "When I call for help, it's usually three to four minutes wait, maybe 10 minutes at the most." A relative said, "I do think that there are enough staff because my family member would soon say if they had to wait too long and so far they haven't complained to me."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Good

Is the service effective?

Our findings

Staff had regularly met with a senior colleague to review their work and to plan for their professional development. Nurses had met with a senior nurse who was the clinical lead in the service while care workers had been supervised by a senior care worker. Records showed that most staff had been supported to obtain a nationally recognised qualification in care. In addition, we noted that the registered manager had checked that all of the nurses remained registered with their professional body. This meant that they had completed up to date clinical training and were recognised to be competent to deliver nursing care services.

Records showed that new staff had undertaken introductory training before working without direct supervision. In addition, we noted that established staff had completed refresher training. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. For example, staff knew how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin. In addition, the nurses understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. A person said, "I think the staff are well trained and very good and kind."

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. A person said, "I get all the help I need and if I'm a bit unwell one of the nurses does my care and makes sure I'm all right." A relative said, "I think that the staff do know what they're doing. There's always a qualified nurse present and they provide the nursing care while the care workers do other things such as helping people with washing and dressing. They seem to work together well as a team."

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. For example, several people had been referred to see a dietitian who had then prescribed high calorie food supplements to help the people concerned to stabilise their weight. Records showed that staff were checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. A person said, "The food is pretty good most days. I've noticed how the staff quietly remind me to have something to drink so I don't get too thirsty."

We saw that when necessary staff had given people individual assistance when eating and drinking so that they could dine in safety and comfort. Staff had arranged for some people who were at risk of choking to be seen by a speech and language therapist. As a result of this, staff had been advised how to specially prepare these people's meals and drinks so that they were easier to swallow.

We noted that the written menu provided a choice of dishes at each meal time. However, when we joined people having their lunch in the dining room we saw everyone had the same meal and we did not see them being asked if this was what they wanted. A person said, "The staff don't offer any choice at lunch – it just comes." In addition, we noted that this meal was different to the options written on the menu for that day. We also noted that when meals were taken to people who dined in their bedroom staff had to carry the food on trays from the kitchen. This was because the service did not have heated serving trolleys. In addition, we noted that the plates were not pre-warmed. Four people who dined in their bedrooms told us that their meals were sometimes cool by the time they were served and that as a result they were less likely to finsh them. A person said, "It's a bit miserable when your meal is lukewarm and sometimes I just pick at it." When we told the registered manager about these concerns they said that they would immediately address the issues. This included checking to ensure that people were fully informed about the choices available at each meal time. The registered manager also said that they would consult with people who dined in their bedrooms to establish what improvements needed to be made to ensure that their meals were appetising and hot.

Good

Is the service effective?

People said that they received all of the help they needed to see their doctor and other healthcare professionals. A person said, “The staff are very attentive and helpful. They get straight onto the doctor if I’m not well and don’t hang around.” A relative said, “I’m reassured about the staff being on their toes. I always get a call from the nurse or the senior care worker if my family member is unwell and they’ve had to call the doctor. If I can’t call to the service they’ll often contact me again to tell me the outcome of the doctor’s visit which I appreciate.”

The 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.

We found that the registered manager and staff were following the MCA with staff supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. For example, we saw a nurse explaining to a person who lived in the service why they needed to use a particular medicine in order to promote their good health. A peson said, “The staff are pretty good, they don’t take over and they explain stuff to me. I have rails on my bed and I was asked if that was okay to help me stop rolling out.”

Records showed that on a number of occasions when people lacked mental capacity the registered person had contacted health and social care professionals to help ensure that decisions were taken in people’s best interests. For example, these decisions had involved whether it was advisable for someone to be supported to return home with assistance provided by a domiciliary (home care) agency.

We found that the registered persons had ensured that people were protected by the DoLS. Records showed that the registered manager had applied for the necessary authorisations from the local authority when it was likely that nine people who lacked mental capacity may need to be deprived of their liberty in order to keep them safe. This was because the people concerned could have placed themselves at risk if they had chosen to leave the service on their own. By applying for the authorisations in question, the registered manager had used foresight to ensure that only lawful restrictions would be used that respected these people’s rights. This was because staff could keep the people concerned safe while protecting their legal rights if it was necessary to deprive them of their liberty.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. A person said, "The staff are all very kind and they want to help." Another person who lived with dementia and who had special communication needs was seen to beckon to a passing member of staff who then held their hand as they both walked along a hallway. A relative said, "Trust me when I say I wouldn't have my family member here or anywhere if I wasn't sure that they were being treated in the right way." Another relative said, "The staff have been super. We've been so happy with the service, it's been a load off our mind."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. For example, we heard a member of staff chatting with a person about their respective families while they assisted them to adjust their shoes so that they were more comfortable. We witnessed another occasion when a member of staff was helping a person to re-arrange the clothes that were in their chest of drawers. This was so that the contents of each drawer matched the way in which the person had always organised their possessions.

We observed an occasion when a member of staff who was helping someone change channel on the television in their bedroom was called away to help a colleague. We noted that before they left the person, the member of staff assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person's bedroom where they found the quiz programme the person wanted to watch. We noted that the member of staff then sat with the person so that they could both answer some of the questions. A person said, "The staff are always like this and are very kind. They're not just putting it on because an inspector is around."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, we observed a member of staff speaking with a person about their memories of New Year celebrations when they were younger and bringing up their children.

Staff recognised that moving into a residential care service is a big decision for someone to make and that it can be a stressful thing to do. We saw that staff were spending extra time with several people who had recently moved in so that they could be reassured and comfortable in their new home. In addition, the regional manager said that every effort would be made to assist people to bring their domestic pets with them if the necessary practical arrangements could be made. This was so that people would be able to continue to care for them and enjoy the reassurance of their presence.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

We noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative said, "When I call to see my family member we usually go to their bedroom because it's quieter and more personal, like visiting someone in their own sitting room at home."

We saw that records which contained private information were stored securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

We noted that staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in their bedroom was becoming upset. A member of staff who was nearby their bedroom heard the person speaking to themselves and went in to see them. They realised that the person was attempting to re-arrange their cardigan that had become creased at the back which they helped them to straighten. The member of staff then fetched the person a drink of juice after which we saw the person smile and become relaxed. The member of staff had known how to identify that the person required support and had provided the right assistance.

There were two activities coordinators who supported people to pursue their interests and hobbies. Records showed that people were supported to take part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. We also noted that the activities coordinators called to see people who spent a lot of time in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes. Most of the people we spoke with said that there were enough social activities in the service. However, three people said that they would like more opportunities to pursue their interests. One of them said, "I get a bit bored if we're not doing things. I used to like it when they did skittles. However, the singing man who comes is good." Another person said, "They had a good singer last week. There's not much else on."

We noted that staff had consulted with people about the practical assistance they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. For example, we noted that people were receiving the assistance they needed to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person said, "I like how staff pop their head around the door. It's nice to know that they are there if needed."

We noted that there were arrangements to support people to express their individuality. People were assisted to meet their spiritual needs including being offered the opportunity to attend a regular religious service. In addition, we noted that arrangements had been made for a person to receive individual support from a member of their church. We also noted that suitable arrangements had been made to respect a person's wishes when they came to the end of their life. This included the service being able to quickly contact a priest to administer the person's last rites.

Although no one living in the service had requested special meals, the cook said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative said, "I've never had to complain but if there was a problem I'm sure that the manager would be helpful. I've always found them to be friendly and approachable."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had received nine complaints in the 12 months preceding our inspection. Records showed that each of these complaints had been quickly investigated and resolved.

Good

Is the service well-led?

Our findings

Records showed that the regional manager and the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We noted that checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered manager had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service said that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible changes they might like to make to the menu. In addition, we noted that people had been invited to attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. Records showed that the registered manager had acted upon people's suggestions and so for example had made arrangements for a greater variety of external entertainers to call to the service. A person said, "I can say what I want about the place but things are pretty much okay as they are."

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the regional manager and the registered manager talking with people who lived in the service and with staff. The registered manager knew about the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a nurse in charge of each shift. We noted that during the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. For example, the registered manager contributed to a local scheme that was designed to promote good standards of hygiene in social care settings. We noted that as a result of the scheme, the registered manager had received guidance to enable them to check that there were robust arrangements to reduce the risk of people acquiring infections. Another example, involved the way in which the registered manager had consulted closely with local health and social care professionals as part of a scheme to reduce the need for people to be admitted to hospital.