The Elms Residential Home (Yeovil) Limited

The Elms Residential 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

Summary of findings

Overall summary

The inspection took place on 19 February 2018 and was unannounced. This was the first inspection of this established service after being acquired by the current providers in April 2016.

The Elms Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The Elms Residential Home is registered as a care home without nursing for a maximum of 19 people who were adults over 65 yrs. The service provides support for people living with dementia and/or with physical disabilities or sensory impairments

The service is accommodated in mainly single storey buildings in a small village surrounded by countryside. Bedrooms were comfortable and there were pleasant lounges and communal rooms for people to use. The home had a secure outside garden and a conservatory that looked out over the rear garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was appointed in May 2017.

At this inspection the service was rated Good.

The home was well led by a well-qualified registered manager. The provider offered support and resources to enable the services to continue to develop and maintain high standards of care.

People felt safe at the home and with the staff who supported them. One person said "We certainly are well looked after here. I do feel very safe here. I am quite content." Another person said "There is always someone to talk to when you want them. The care staff are very good. You can tell them anything. Overall I am ok."

There were systems and processes in place to minimise risks to people. These included a robust recruitment system and managers and staff who were trained and effective in protecting people from potential abuse. There were adequate numbers of staff available to meet people's needs promptly.

People had access to a good diet which met their needs and preferences. People were offered a choice of well cooked food presented in an attractive and appetising manner.

People received effective care from staff who had the skills and knowledge to meet their needs. Staff monitored people's health and well- being. People had access to healthcare professionals according to their needs.

People were supported to have maximum control and choice of their lives and staff supported them to be as independent as possible. People were able to make choices about their day to day routines. They had access to a range of organised and informal activities which provided them with mental and social stimulation.

People were supported by staff who were caring and respected them as individuals. People received care at the end of their lives that was kind and compassionate.

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.

There were systems and processes in place to minimise risks to people.

People were kept safe because there was a thorough recruitment system and were supported by staff who understood how to protect them from potential abuse.

There were adequate numbers of staff available to meet people's needs promptly.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the skills and knowledge to meet their needs.

Staff monitored people's health and well- being. People had access to healthcare professionals according to their needs.

People had access to a good diet which met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People were well known to staff and received personalised attention in all matters.

Is the service responsive?

Good

The service was responsive.

People were able to make choices about their day to day routines.

People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People received care at the end of their lives that was kind and compassionate.

Is the service well-led?

Good

The service was well-led.

The home was well led by an experienced and well qualified registered manager.

There were robust systems in place to monitor the quality of care provided.
and to maintain improvements.

The provider offered support and resources to enable the services to continue to develop and maintain high standards of care.

The Elms Residential 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 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 19 February 2018 and was unannounced. The inspection team consisted of an adult social care 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We were able to view the premises and observe care practices and interactions in communal rooms. We observed lunch being served. We looked at a selection of records which related to individuals care and the running of the home. These included four care plans and three staff records. We talked to 12 people using the service and met five relatives and friends. We met the providers, the registered manager and care manager. We talked with six staff and reviewed records relating to the quality assurance of the home.

Good

Is the service safe?

Our findings

People received safe care.

People felt safe at the home and with the staff who supported them. One person said "We certainly are well looked after here. I do feel very safe here. I am quite content." Another person said "There is always someone to talk to when you want them. The care staff are very good. You can tell them anything. Overall I am ok."

The provider had systems and policies in place which minimised the risks of abuse and helped keep people safe. There was a thorough recruitment system designed to ensure all new staff were suitable to work with vulnerable people. There was a check list in each staff file showing when references and checks had been received. Records of the interview process showed it was structured and thorough. All new staff initially completed a probation period where their practice was closely monitored to make sure they had the skills and values required.

Risks of abuse to people were minimised because all staff received training in how to recognise and report potential abuse. Staff had a good understanding of actions and issues that might constitute abuse and would report anything they were concerned about. All were confident action would be taken by senior staff to keep people safe. Managers and staff knew the action they would take if they needed to raise any concerns outside the organisation.

Assessments in people's care plans indicated risks had been identified and the action required to minimise the possibility of injury was clear. For example when people were assessed as being at risk of falling appropriate measures were in place. People were encouraged and supported to use their walking frames that kept them safe and promoted their independence. The provider had systems in place to audit accidents and incidents which occurred and took action to minimise further risks to people.

There were adequate numbers of staff to keep people safe. The registered manager said the number of staff on duty could be amended according to the dependency of people in the home. When the number of people living in the home increased from 16 to 19 beds, the number of waking night staff was increased to ensure sufficient staff cover. The number of staff in the afternoon was also increased so people could enjoy more activities. Three staff were employed on a flexible rolling rota basis to cover for annual leave and sickness. This ensured people were cared for by staff they know well as far as possible.

The two week rota was designed to ensure the correct skill mix and included a shift leader designated to lead the team. People said staff always came when they were needed. People told us requests for assistance were responded to promptly during the day and night. One person said "We are looked after very well. We can call at any time. Even late at night. They come as quickly as they can." Another person said, 'Staff are with me within 5 minutes and check on me overnight. If I am awake they ask if I am alright. Always ask if I want a drink." Staff were seen to be attentive and spent time talking with people.

People received their medicines safely from staff who had received specific training to carry out the task.

Staff were assessed as competent before they began administering medicines. Medicines were stored in individual safes in people's rooms. Medication administration sheets were completed accurately and indicated people's health needs were addressed. One person's records showed they had completed a short course of antibiotics for an infection, received variable amounts of analgesic and had the dose of one medicine reduced by the GP. One relative said, "My relative was admitted and the GP was called and came and reviewed my relative's medication." The care manager completed a medication audit each month and any concerns or incidents were investigated and dealt with in accordance with The Elms' medication policy.

All areas of the home were clean and fresh. People said the establishment and equipment were kept clean. One person said, 'definitely clean, I have no complaints.' All staff had received training in infection control. Good design and practice was followed in the laundry and sluices. There were adequate supplies of disposable aprons and gloves for staff to wear as personal protective equipment when needed. Hand washing facilities were available throughout the home.

Good

Is the service effective?

Our findings

People received effective care.

Everyone who came into the home had their needs assessed. Initial assessments included detailed assessments relating to moving and handling, nutritional needs and skin condition. Following the assessment process the person was allocated a key worker who got to know them well. One relative said, 'The managers came to the house and we had a long conversation. The managers discussed what my relative's needs were. They knew that [relative] knew one of their staff who used to visit them in the community. When they went into the home they made that person their key worker, this made the move easier for [relative].' People were involved in the preparation of their room if they wished and chose the items of furniture and personal belongings they wished to bring with them.

People received care from staff who were well trained and competent. Staff had received a thorough induction when they commenced employment at the home. Staff had been supported and encouraged to take on further training and gain nationally recognised qualifications. Records showed new staff had completed training that included safeguarding adults, moving and handling, dementia care awareness and food hygiene. The nationally recognised Care Certificate had been introduced for new staff in future.

An external trainer was providing training in the home on the day of the inspection. Staff said they had enjoyed the training and had learnt a lot. The provider had introduced on-line training and was pleased with the response from staff. Staff confirmed they had both in-house and e-learning. This is learning completed using a computer programme. One member of staff said,' I prefer to do the e-learning at home, but you are given time to do it at work, it's my preference." Staff received formal supervision time every eight weeks where they could discuss any issues of concern and had their training reviewed.

Staff were trained to act appropriately in an emergency. One relative witnessed their relative have a fall in the bathroom. They said, 'Outstanding response from staff. They were calm, did not panic, well organised as a team. Staff assessed [relative] before they moved them. They spoke kindly to [relative.] I was very impressed and reassured. After that [relative] was asked to ring the bell when they needed the bathroom and to wait for staff to assist, especially overnight. This has reduced the falls.'

People had access to a good diet which met their needs and preferences. People told us they were offered a choice of main meals and desserts each day. One person said "It is very nice food. We can always ask for more. There is a good choice. If we do not like the main choice we can ask for something different. We are never hungry." Another person confirmed this, "sometimes I don't fancy any of the menu and cook will get me something else."

People were encouraged to eat in the dining room but were able to eat in their room if they preferred or were unwell. The lunch people enjoyed during the inspection was presented in an attractive and appetising manner. The dining room was light and had lovely views over the garden and countryside. Tables had tablecloths and condiments and people were helped to the dining room by staff who spoke kindly them.

Staff checked where people wanted to sit and offered them drinks.

The staff training event on the day of the inspection meant there were less staff available to assist with the lunch than usual. This resulted in some delays and one person received their main meal after everyone else had finished. People said it was "usually fine" and there were usually more staff to help.

Throughout the day people were offered drinks. Snacks were provided with hot drinks, biscuits with morning coffee and cake with afternoon tea. One person said, 'I can ask for a drink or a snack any time, and I never feel guilty doing so.'

The cook came in after lunch and sat at a table with people. People knew the cook and they brought around the coffee mid-morning. They knew what people liked to eat and drink and since their recent appointment had up-dated menus in line with people's preferences. People said relatives could help themselves to a drink when visiting and could have lunch if this was arranged.

When there were any concerns about a person's appetite or weight loss there was evidence in the care plan that the person had been assessed and necessary action taken. People received assessments from SALT professionals (speech and language team) if there was any concern about their swallowing ability and staff then follow the suggestions/recommendations.

Staff monitored people's health closely and worked with other health and social care professionals according to their individual needs. People received support and care from community nurses who visited the home regularly. Records showed a community nurse was visiting one person to dress a small wound. People were supported by staff to see their GPs or attend hospital appointments.

When people were very unwell or had an injury that needed investigating they went to hospital. For example, staff had been concerned about one person's possible head injury. Records showed they had taken appropriate action and the person had received medical advice in hospital. On another occasion a person had been examined by paramedics but had not needed to go to hospital. They said "staff are very, very good. I had a fall and they called the paramedics. I was checked over but I did not go to hospital. I was glad. I am better off here".

People only received care and support with their consent. Staff always asked people if they required help or were ready to move. They listened for the person's response before they began to move them. One person said, "they always ask if it's ok to get my clothes out for me or help me in the shower".

Where people lacked the mental capacity to fully consent to their care, staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

People's care and support plans showed where a person had been assessed as not having the capacity to make specific decisions, such as leaving the home, a best interest decision had been made involving the person's family and healthcare professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DOLS). The registered manager had knowledge and experience of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected. One person was being cared for under the Deprivation of Liberty Safeguards.

The new provider was refurbishing the home. The home had been up-dated and redecorated to provide comfortable, attractive accommodation. Three additional bedrooms with en-suites had been added. All en-suite facilities and bathrooms were clean and warm. All bedrooms were light and airy. People had their own personal belongings available including pictures and family photographs on display, books, music and calendars.

Good

Is the service caring?

Our findings

People received caring support in the home. Everyone we spoke with said something positive about the staff. One person said "They (staff) are "very nice people. They look after us well."
They said staff were helpful, friendly, caring and kind.

The atmosphere in the home was warm and cheerful. Staff and people living in the home spoke freely to each other. There was laughter and everyone was very relaxed. Time spent talking or listening to people was valued and respected by the provider.

Staff knew people well. People received care which respected them as individuals. We saw staff supported people and interacted with them in a kind and friendly manner. Some people needed help to use walking frames to move about the home. Staff assisted them with patience and kindness, encouraging them to remain mobile and independent. One person said, "Staff respect my independence but will help if I ask for it. They are very kind and cheerful.'

Staff found ways to show how they valued people they cared for. One person said "Nothing is too much trouble. She (staff member) is sorting out my kindle for me. I like reading."
People were cheerful when talking with staff. "These girls are not too bad. We get on alright. We have a joke but they are very good."

We met several relatives during the inspection. All were very satisfied with the care their family members had received. One relative said "It is really nice. The staff are incredible. My (relatives) physical condition has really improved here with all the care. There are some really nice girls here." Another relative said "Staff always find time to discuss any concerns or changes with us."
One relative had written in a questionnaire "When [relative] was very ill staff sat with them for 24 hours. Against all odds they pulled them through."

People's privacy and dignity was promoted both in the home. Care plans for people receiving personal care included detailed guidance regarding their needs for privacy. Staff spoke to us about the ways in which they maintained this and how people differed in their preferences and routines. .

All personal care was conducted privately and discreetly. Doors were always closed and staff spoke quietly to people when asking them about their support needs. People were encouraged to be independent, but staff were there if they needed help. One relative said, "they know what
[relative] can do. They encourage them to walk about". Another relative told us that encouragement to walk was offered in a kindly way. They said "Staff try to get [Relative] moving about. They try all they can but they understand their problems too."

People were supported to express their views informally on a daily basis and each month when their care and support was formally reviewed.

People said their friends and relatives were always made to feel welcome in the home. They were welcome to visit at any time and were included in special events. Families said they were kept informed about their relatives.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. One person said, "Staff know what I like and do it for me. When I like to get up and go to bed, they help me."

Following their thorough assessment all people in the home had a care plan that gave staff detailed information regarding the care the person required and how it should be delivered. Plans addressed people's physical, mental, emotional and social needs. The provider had introduced an electronic system of care planning. Staff had received training in its use and paper copies were still kept as records.

Care plans gave staff very detailed information about people's preferred daily routine and how they wanted to be supported with their daily personal care. There was an emphasis on maintaining people's independence, emphasising what people could do for themselves as well as where they needed assistance. Plans were linked to people's underlying health condition such as diabetes, memory or sight problems and showed how the care provided promoted people's well-being.

People told us their care needs were met in the home. One person had hearing problems, staff were using written and pictorial aids to communicate with them. They offered food, orientated the person to time and asked them questions using a pad and paper and a pack of pictures.

People were able to make choices about all aspects of their day to day lives and to live as they chose. Some people liked to remain in their own rooms for a large part of the day. One person said "I like to stay in my room. There are things going on but I do not bother." Another person told us "I can choose what I do. I usually eat in the dining room but on Sunday night I like to watch TV and have supper in my room." People were able to change their routines according to how they felt on a particular day. We saw people resting on their beds at different times during the day. One person said "I am having a good lie-in. I was up in the night. I am very comfortable here".

Some people liked to spend more time with friends in the sitting room. People went out with their families whenever they had the opportunity. Visitors were welcomed into the home. One relative said, "we are always made to feel welcome and, one day the whole family came to visit, even the grandchildren. We are always invited to any parties for example barbeques".

Staff knew people well and provided the care they needed with confidence. Care plans were reviewed and up-dated monthly. Staff were able to talk about how people's needs changed and responded to people's changing needs.

People were able to take part in a range of activities according to their interests and hobbies. In each bedroom was a copy of the weekly activities programme. People knew activities were available and said they could participate if they wanted to. The activities programme included knit and natter, gardening, singing, pottery and trips out in the mini bus. People particularly enjoyed the pottery and gave the things they had made to relatives at Christmas. There was a dance exercise session called Zumba Gold and people

were encouraged to go out for short walks and strolls.

Activities varied according to the season with people being able to easily access the gardens in good weather. A file showed the range of trips and outings that had occurred during the previous months. One person said, "I would like to go out more often. I love to be outdoors. I would like to go to football matches or the cricket". The registered manager said there were plans to review and develop activities to reflect the interests of the increasing number of gentlemen in the home.

Around the home were books, music equipment, board games, puzzles, paper, pens and knitting indicating people could access their own entertainments when they chose. Raised beds in the inner courtyard contained healthy plants grown by the gardening group. A small shop had been organised in the conservatory and was opened on a Saturday when people went to purchase toiletries and have a coffee

The home's complaints procedure was displayed throughout the home and there were policies and procedures in place to ensure any formal complaints were fully investigated. People told us they could talk to staff if they were worried at all. People knew how to raise a concern. One person said, "I would tell my key worker or any member of staff." One relative said, "I have never had to raise a concern, but I know who to speak to and know it will be taken seriously." Records showed complaints had been recorded and fully addressed. For example there had been some problems with the home's heating and hot water. The provider had replaced and up-graded the systems to fully address this.

The registered manager said that whenever possible people who lived at The Elms were supported and cared for till the end of their life. The registered manager stated in the PIR that during the previous 12 months several people had wished to end their days at the home and this had been achieved. People's wishes had been met and both the resident and their families had been well cared for. The service was part of the 'Gold Standards Framework', an accreditation system which aims to ensure people have a dignified and pain free end to their days. Compliments from families showed they had been grateful for the care people had received.

Good

Is the service well-led?

Our findings

The service was well led.

There was a registered manager in place who had the skills and experience to run the home so people received high quality person-centred care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had been in post since May 2017 but had worked at the home for many years and knew the staff and people living there very well. The service providers had acquired the home in April 2016.

The registered manager was very well supported by the providers who visited the home regularly and were fully involved in the running and development of the service. They knew people who lived in the home and their families well and were very committed to providing a high standard of personalised care.

The registered manager told us they wanted to make "every day the best it can be" for people. They lead staff by example by treating people with dignity and respect. They aimed to develop increasingly person centred care and to continuously promote people's individuality. They were planning to develop the use of life stories and reminiscence activities to value people's experiences and memories. They understood the importance of working with a range of other health care professionals to meet peoples needs.

Since April 2016 there had been some management changes. Further changes were planned to the management structure as a result of staff changes. An additional management appointment was about to be made to assist the registered manager. The registered manager said "There has been change but we are settling down now. We can start to see the good effects now."

The registered manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. The care manager and staff told us they felt supported by the registered manager. They said they could raise any issues and know they would be listened to and their concerns or ideas would be acted on. Staff said they were "Very much encouraged to put our views forward."

People were encouraged to express their views about the service and the care they received. The registered manager said it was important to seek regular feedback from people and their relatives. Quarterly relatives meetings had been introduced. "Residents Forums" encouraged people to raise general issues about the home and to express their opinions about the service provided.

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People and their families received questionnaires asking them if they were satisfied with the care and support in the home. The completed questionnaires contained very positive comments about people's care and staff.

The providers had introduced quality assurance and management systems designed to ensure standards were maintained and constantly explored ways in which practice could be improved. There was a comprehensive system of audits recording care indicators such as people's falls, or weight changes. The registered manager monitored care plans, medication records and people's sense of well-being. There were systems in place to maintain and monitor maintenance and health and safety in the home.

The providers had been very pro-active in their first year in post and had made changes and improvements to the service. Three new bedrooms had been added and the home décor had been updated with people's involvement. Medication cabinets had been moved into people's rooms. An electronic care planning system had been implemented. A head cook and cleaner had been appointed to the staff team. An activity co-ordinator had been appointed to introduce a structured activity programme. The keyworker system had been re-introduced and a "resident's forum" had commenced.

The providers had invested in the infrastructure of the home including new heating systems, fire risk assessment and legionella risk assessment procedures. An improved telephone system and broadband throughout the home enabled people to access Wi-Fi and staff to use the electronic care planning system.

The providers and registered manager were now planning to fully "bed-in" the changes they had implemented. Some systems were still developing but there were firm plans and foundations. There were action plans to address any aspects of the service identified as needing further improvements with completion dates when these had been achieved.

The provider and management team had a clear vision of how they wanted the service to develop in the future. The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.