Cumbria County Council

Elmhurst

Inspection report

Priory Road
Ulverston
Cumbria
LA12 9HU

Tel: 01229894114

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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

This unannounced inspection took place on 15 May 2017. We last inspected Elmhurst in November 2015. At that inspection, we found the service was not meeting all the regulations and we asked the provider to take action to make improvements. We issued two requirement notices in relation to levels of staffing and staff deployment and because the quality monitoring systems in use were not being effective.

The registered provider gave us an action plan setting how what they were going to do to improve and the timescales to carry out the improvements. At this inspection 15 May 2017, we found that the requirement notices had been met and the changes and improvements stated in the action plan had been completed.

Elmhurst is a purpose built 40 bedded residential home. It is a single storey building, divided into four 10 bedded units. All bedrooms are for single occupancy and some have en-suite facilities. There are also bathing and showering facilities on each unit. The separate units each have a sitting room with a dining area and kitchenette. There are gardens to the front and rear of the home and some car parking available at the front of the building.

At the time of our visit the home was in the final stages of a major refurbishment programme to modernise and improve the facilities for people living there. The decoration, furniture and facilities have been significantly improved to help in the creation of an environment to support and enable people living with dementia. The home had not taken new admissions during the construction work consequently there were 10 people living in the home at the time of the inspection.

The service had a registered manager in post at the time of this inspection. 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.

We saw that the people who lived at Elmhurst were being well cared for and were comfortable in the home and we observed they were at ease with the staff that were supporting them. The atmosphere within the home was friendly and inclusive. People who lived there told us the staff were "Kind". We saw examples during the inspection of staff giving people their attention, offering reassurance and displaying empathy.

We found that the home was clean and tidy and the improvements that had been made to the premises we saw were of a high standard. They had been planned and designed to make it as supportive and enabling environment to support the different needs of people living with dementia and to promote their independence.

The staff on duty we spoke to knew the people they were supporting very well and about their lives and personal preferences. Staff were aware of the choices people had made about their care and daily lives.

People confirmed they had a choice of meals and drinks and they told us the food was "Good" and that they enjoyed their meals. Relatives we spoke with told us they were able to see their relatives and there were no restrictions on when they could visit them in their home. People were able to follow their own interests, practice their religious beliefs and see their friends and families as they wanted and to go out into the community with support.

Systems were in place for the recruitment of staff, for their induction and their on-going training and development. Staff told us they had received training in safeguarding adults and the training records confirmed this. Staff we spoke with knew the appropriate action to take if they believed someone was at risk of abuse. The staff we spoke with were confident that the registered manager would follow up any concerns about people's safety and take action promptly.

The registered manager had a system to calculate dependency and staffing needs. We could see that the home was being adequately staffed to meet people's needs during the day and at night. There was an on call system for staff to access management support at night.

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 sufficient staff on duty to support people and staffing was kept under review.

Staff understood their responsibility to safeguard people and the action to take if they were concerned about a person's safety.

Medicines were appropriately stored and records were kept of medicines received and disposed of so they could be accounted for.

Is the service effective?

Good

The service was effective.

Staff knew the people who lived there well and had worked with other agencies and services to help make sure people got the support they needed to maintain their health and care needs.

Staff had received training and supervision relevant to their roles to help make sure they were competent to provide the support people needed.

People were having their individual needs and preferences assessed to promote their best interests in line with legislation.

People had a choice of nutritious meals, drinks and snacks.

Is the service caring?

Good

The service was caring.

People told us that they were well cared for and happy living in the home.

We saw that people were treated with respect and their independence, privacy and dignity were being promoted.

We saw that staff engaged positively with people. This supported

people's wellbeing.

Is the service responsive?

Good

The service was responsive.

We saw that people were supported to make their own choices about their daily lives in the home.

Support was provided to people to follow their own interests and beliefs and to maintain relationships with friends and relatives and local community contact.

There was a system in place to receive and handle any complaints or concerns raised.

Is the service well-led?

Good

The service was being well- led.

There was a registered manager in post. Staff told us they felt supported and listened to by the registered manager.

There were satisfactory processes in place to monitor the quality and safety of the service and care provided.

People who lived in the home were asked for their views on how they wanted their home to be run. They and their relatives were able to give their views and take part in meetings and discussions about the service developments.

Elmhurst

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 May 2017 and was unannounced. Two adult social care inspectors carried out the inspection.

We spent time observing people who lived in the home within the home's communal areas. During the inspection, we spoke with five people who lived in the home, three visiting relatives, four of the care staff, including a supervisor, the registered manager, and the operations manager.

Some people, who were living with dementia, could not easily give us their views and opinions about the service and their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

We looked in detail at care plans for five people living in the home, their medication records and their care plans relating to the use of their medicines. We looked at medicines storage and records for the receipt and disposal of medicines for people living in the home.

We looked at records that related to how the home was being managed and looked at the staff training and supervision records. We looked at a sample of the recruitment records for staff working in the home. We looked at records relating to the maintenance and management of the service and records of checks or 'audits' being done to assess and monitor the quality of the service provision .

Before our inspection, we reviewed the information we held about the service. We looked at the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. A statutory notification is information about important events that the provider is required to send to us by law. We reviewed the information we held on safeguarding referrals and

applications the registered manager had made under Deprivation of Liberty Safeguards (DoLS). We are in regular discussion with local commissioners and community professionals about all the services we regulate including the services provided at Elmhurst.

Good

Is the service safe?

Our findings

People we spoke with who lived at Elmhurst had positive things to say about their home and told us that they were "Happy" living there and that it was a "Grand place" and that staff were "Kind". We also spoke with relatives and one told us they were "Confident" their relative was safe and being well looked after. Another relative told us there was "Always" plenty of staff about.

At the previous inspection in November 2015, we had found there was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not clear evidence that the staffing levels and the range of staff skills required were being systematically assessed and reviewed. This was so staffing levels could be adjusted to help make sure people were kept safe and supported in accordance with their individual needs. At this inspection, we saw that the actions stated in the action plans provided to us had been carried out to meet the regulation.

We looked at the staffing levels at the home during our inspection and the staff rotas. The registered manager had a system to calculate people's dependency and the staffing needed to meet people's needs. We could see that there were sufficient care staff available to support people during the day. There were five care staff and a supervisor supporting the 10 people living in the home during the day. On the night shift, the home rotas showed that there were usually three night staff on duty. We examined the dependency tool being used and discussed with the registered manager how they would manage staffing ratios when the service began to admit people when the refurbishment and upgrading work was completed.

The registered manager explained how they used dependency tools and individual assessments of people's needs to inform staffing. We discussed with the registered manager how this would be used as part of a phased approach to admitting people to the home once the refurbishments had been fully completed. The registered manager was aware of the need to review night staff regularly to be able to meet any increases dependency, changing needs and to support personal evacuation plans.

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that staff had all the required employment background security checks and references taken up.

We looked at care plans for five people in detail and saw there were risk assessments in place that identified actual and potential risks and the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility, swallowing and nutrition. Where a risk had been identified, we could see that action was taken to minimise this. There were contingency plans in place to help manage foreseeable emergencies and on how to support people if they needed to be moved or evacuated. This helped to make sure that people would be safe living in the home. We noted that night staff were given regular fire drills and training and had fire warden training.

Staff told us they had received training in safeguarding adults and the training matrix and staff files confirmed this. Staff we spoke with knew the appropriate action to take if they believed someone was at risk

of abuse. The staff we spoke with were confident that the registered manager would follow up any concerns they might raise and take action promptly to make sure people were kept safe. They were also aware of the procedures for reporting bad practice or 'whistle blowing' within the organisation.

At this inspection, we found that medicines were being safely administered and records were being kept of the quantity of medicines received into the home and those disposed of. We saw that there were appropriate arrangements in place in relation to the recording of medicines administration and the records had been correctly signed when medicines were given out. Medicines that are controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. We checked a sample of controlled drugs and found that stock balances were correct.

We saw there were clear protocols for giving 'as required' medicines and when these medicines had been given, it had been clearly recorded. This helped to make sure that people received the medicines they needed appropriately. We found that regular audits and stock checks were being done and administration procedures were being monitored. We saw that medicines requiring refrigeration were stored within the recommended temperature ranges.

Records indicated that the mobility equipment in the home was being regularly maintained under contract agreements. There were records of safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing. We could see that repairs and faults had been highlighted and attended to by the maintenance person or contractors. These measures helped to make sure people were cared for in a safe and well maintained environment. We visited the newly refurbished laundry in the home to see if the environment was clean and appropriate for its purpose and facilitated infection prevention. We found that the floor and wall surfaces were easily cleanable, personal protective equipment was available for staff to use when doing laundry and there was a hand wash-basin for hand hygiene. The new laundry had separate clean and dirty areas and clean and dirty entrances and was organised to minimise the risk of recontamination of linen and to help ensure the protection of people living in the home and staff involved in the handling of used linen.

Good

Is the service effective?

Our findings

People we spoke with felt that the food served was "Good" and we saw that they always had a choice of food at mealtimes. The home's kitchens had undergone upgrading and were not in use on the day of the inspection. As a short term measure meals were being cooked, on alternate weeks, in a nearby home. They were then transferred in heated containers for the 10 people who were living at Elmhurst.

Relatives we spoke with felt that the staff knew their relatives well and listened to what they wanted. The staff we spoke with were able to tell us about the needs, interests and personal preferences of the people they were supporting We saw people being asked verbally for their consent before care and support was delivered.

We saw that people's care plans had nutritional risk assessments in place and for specific dietary needs. We saw that people had their weight monitored for changes so action could be taken if needed. Training records indicated that support staff had been given training on basic food hygiene. We saw that lunch was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals and drinks.

Staff that worked at the home told us about the training and support they had received to help them carry out their different roles safely and as people living there wanted. Staff we spoke with told us the training they had received was "Good" and "Thorough". Training records indicated that the induction and training programme was well planned. Staff were also being given the opportunity to do a range of training in addition to that required by legislation. We could see that dementia awareness training had been provided for staff to help with developing a greater understanding the condition. It also helped staff understand the specific support needs of people in the home who were living with dementia. Staff confirmed they were having regular supervision and appraisals and that they could speak with senior staff at any time about practice issues.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).The Mental Capacity Act 2005 (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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at people's records and saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for people. These authorisations had been requested when it had been necessary to restrict people for their own safety and these were as least restrictive as possible.

Some people were not able to make some important decisions about their care or lives due to living with dementia. At our last inspection we had recommended that the registered provider looked at how they could confirm who held powers of attorney (PoA) for people who lived there. Powers of attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or care and welfare needs. This was to make sure it was clear who had the legal authority to be involved in making treatment decisions on behalf of their relatives. Information around who held PoA for a person was being recorded in care plans so staff knew who had this in place.

The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Procedures were in place, and were being put into practice, for assessing a person's decision making capacity. This helped to make sure that any decisions that needed to be taken on a person's behalf were only made in their best interests. Staff had received training on the MCA and those we spoke with understood the principles of the act.

We noted that GPs had made clinical decisions for some people as to whether or not attempts at resuscitation might be successful. We noted that some of these documents had not been filled in with all the required information to reflect the person's present situation. For example, one form did not say why resuscitation was unlikely to be successful. The person the clinical decision referred to had been assessed as having sufficient capacity to be involved and make treatment decisions but had not been involved. No consideration had been given to alternatives such as the person preferring to make an advanced care decision. We discussed this with the registered manager who immediately began a review of all the 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms they had for people living in the home to ensure they all reflected the person's situation accurately.

We made a tour of the premises and the refurbishment and upgrading of the premises and facilities that were nearing completion. We could see that the environmental changes that had taken had been planned and designed to make it as supportive and enabling environment that supported the different physical needs of people living with dementia and promote their independence. For example, there were automatic lights that were sensor activated to improve the lighting for people as they moved around the home. A new wireless call system allowed data to be collected on response times and where staff were spending most of their time with people. Over bed sensors in bedrooms activated courtesy lights and could alert staff when someone left their bed. All of these improvements made the home a safer place for people living there.

We saw that when redecorating the home appropriate colours for walls, doors and fabrics and floor surfaces had been used in line with dementia care good practice. The accessibility of outdoor spaces had been improved to give people more freedom and access and the toilet and bathroom access had been improved with additional en-suite shower and toilet facilities so 10 of the 40 rooms now had an en suite. A separate and well presented hair/beauty salon had been created allowing people to have their hair done in a more social and relaxing environment. The latter was something people in the home had asked for.

Good

Is the service caring?

Our findings

We asked people about living at Elmhurst and if they felt cared for and supported. Those who were able to speak with us indicated that they were happy living in the home and remarked on the kindness of staff and their link workers. Relatives we spoke with spoke highly of the staff that supported their family members and we were told "It's a good place" and "I can't fault them here". Another said, "We think it's great here for [relative]".

We saw that people's privacy was being respected and that staff protected people's privacy by knocking on doors to private rooms before entering. People told us that the staff got the doctor when they wanted them and that doctors and district nurses saw them in their bedrooms for medical examination or any personal discussions.

The major refurbishments that had taken place had focused on providing the right kind of new equipment and facilities in the home so that people could be supported to be as independent as possible and enjoy a good quality of life. Some people needed pieces of equipment to help them promote their mobility and independence. We saw that the staff knew what people needed and had been assessed for equipment to promote their independence and provided these when they were required. We noted that staff gave clear explanations to people when they were using equipment or being assisted with mobility and in such a way that protected their dignity. We saw that staff engaged positively with people and this supported people's wellbeing.

We used the Short Observational Framework for inspection, (SOFI) to observe how people who were living with dementia, and who could not easily express their views, were being supported by staff and how they were spending their time. The atmosphere in the home was calm and relaxed and we saw that staff treated people with kindness and were friendly and respectful. We saw that people appeared comfortable and relaxed with the staff that were helping them. Staff took the time to speak with people and to allow them to express themselves. We observed many pleasant conversations between staff and people living there throughout the day

All of the bedrooms in the home were for single occupancy and this meant that people were able to spend time in private or see people in private if they wished to. We saw that four of the bedrooms had adjoining lockable doors so that should a couple wish to be together they could have adjoining rooms.

Bedrooms we saw had been made more personal with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. People were able to see their friends and families as they wanted and go out into the community with support. There were no restrictions on when people could visit the home. People were able to follow their own interests, practice their religious beliefs and see their friends and families as they wanted.

We found that a range of information was available for people in the home to inform and support their choices. We noted that people had access to advocacy services and one of the people who lived there has

an independent advocate. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes. We could see from the care plan that the advocate had supported the person and been included in making decisions in the person's best interest.

We found from speaking with staff and from the training matrix that that care staff had received training on supporting people at the end of their lives. Staff had been able to attend training sessions at a local hospice.

Good

Is the service responsive?

Our findings

During our inspection we observed staff and people living there go about their daily life in the home. We saw that daily routines were flexible depending on what people they wanted to do. A relative told us that, "We [family] have no concerns about the home, we are happy with the care and the activities going on". We could see within care plans that people's families had been involved in gathering background information.

Information on people's preferred social, recreational and religious preferences were recorded in their individual care plans along with life stories and background information. A member of staff was allocated each day for overseeing social and recreational activities. We observed staff supporting people throughout the day to participate in activities they enjoyed, for example playing dominoes. Other activities were being planned, such as visits to local shows, days out and when people came into the home to provide musical entertainment. People living in the home could also access an aromatherapy service. Aromatherapy is based on the theory that essential oils, derived from plants, have beneficial properties and may be effective in helping people with dementia to relax.

Staff we spoke with demonstrated a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people to worry or upset them. People living there were able to follow their own faiths and beliefs. Where possible people were being supported to make their own daily choices and take part in activities outside the home as well as within. On the day we inspected some of the people living there were going out for afternoon tea at a local restaurant. The service hired transport for the outings that were organised throughout the year. We saw photographs taken at the home's recent 'garden day' when family and friends could join people as the gardens were 'reopened' after the building work.

The service had a complaints procedure for people living there and visitors to use. People we spoke with told us they had no reason to make a complaint at present but would be comfortable telling senior staff if they did. Relatives we spoke to told us they knew whom to complain to in the home if they were dissatisfied. One told us, "I have not had a need to complain; I have no concerns about [relative] care here but would speak to the manager first if I had".

We looked at care plans for five people in detail and noted that they were working documents that were being focused upon the individual needs and wishes of the people living there. For example, we saw how one person who was experiencing communication difficulties was being supported. A communication board was being used to enable the person to communicate more effectively and allow them to express their wants and care needs to those caring for them.

We saw that people's needs and risks were being assessed. People had risk assessments in place to inform their care planning and the support they needed from staff in personal care. The care plans we looked at recorded how personal care needs and personal preferences should be met by staff. We saw that care plans had been regularly reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example, changes in a person's behaviours or weight that needed

to be followed up with other agencies.

We noted that there had been a number of falls occurring at the home. We checked people's care plans and risk assessments to see how these had been managed. The care records showed that some people had suffered falls. We found that falls risk assessments had been reviewed or updated following falls and referrals made to other agencies for support such as the falls clinic and for sight tests. The service had informed us about any incidents, accidents and injuries to people and the actions they had taken to minimise the risk of such events happening again.

We could see, in people's care plans, that there was effective working with health care professionals and support agencies involved in people's care. This included local GPs, community nursing teams mental health teams, speech and language therapists. The care plans and records that we looked at showed that people were being seen by appropriate professionals to meet their physical and mental health needs.

Good

Is the service well-led?

Our findings

Relatives and people who lived at Elmhurst said they felt comfortable talking with the registered and manager and staff. Everyone we spoke with told us that they felt that they were being involved how in how they wanted things done in their home. This was done on an individual basis and through the registered manager holding regular 'residents and relatives' meetings. These meetings gave people living in the home and their families the opportunity to have their views and suggestions heard.

At the last inspection, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). This was because the quality monitoring system used to help identify and assess where systems had failed had not been effective so appropriate action had not been taken promptly.

At this inspection we saw that there were more systems in place to assess the quality of the services in the home. There was a programme to monitor or 'audit 'service provision. Care plan checks or 'audits' were done regularly and recruitment records and environmental checks. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. There were also regular visits from the registered provider's operations manager who carried out their own checks within the home and monitored the internal audits.

Satisfaction surveys were also carried out with people who lived there, their relatives and any advocates who supported them. People had been asked to comment on all aspects of service provision in the quality surveys. The survey had identified that people wanted to have more opportunities for social activities. In response a fortnightly schedule of social and recreational activities had been introduced

In the latest survey those taking part had a 95% satisfaction rating with dignity and respect and with the competency of staff. We looked at the minutes of the 'residents meetings' and saw from these that people living in the home and relatives who attended were kept up to date with the range and progress of the environmental improvements. There were also kept informed and asked about the food being provided, the improvements to outdoor space, planning social events, the new beauty salon for their use and fundraising events.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. The staff we spoke with were aware of the roles of the management team and of their own responsibilities. Staff we spoke with told us that they enjoyed their work and felt supported and "Listened to" by management. They demonstrated a pride in their refurbished home and a commitment to providing a good quality service for the people they supported.

We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Staff were doing maintenance checks regularly and records were kept of these to help make sure the premises and equipment were safe to use. There were

cleaning records being kept to help make sure the premises and equipment were kept clean and safe to use.