Elm Bank Healthcare Limited

Elm Bank Retirement Village

Inspection report

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Date of inspection visit: 24 February 2015
Date of publication: 13/05/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This unannounced inspection took place on 24 February 2015. Elm Bank Care Home is registered to provide accommodation and personal care for up to 115 people. The home is situated in Kettering Northamptonshire. There were 80 people living at the home at the time of this inspection, some of whom were living with dementia.

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.

People who used the service were well looked after by a staff team that had an understanding of how people wanted to be supported. Staff encouraged people to be independent and treated them with dignity, respect and compassion.

Summary of findings

There was not always sufficient staff on duty to keep people safe. The layout of the building is quite large and sometimes staff were not easily visible to people or their relatives when they were needed.

Equipment used to assist people's mobility and safety requirements was regularly serviced and maintained in good working order.

The procedures to manage risks associated with the administration of medicines were followed by staff working at the service.

People were supported to have sufficient to eat and drink to maintain a balanced diet. The meals offered at the home were nutritious. People's changing appetites and choices were well catered for.

The manager had knowledge of the MCA 2005 and DoLS legislation and knew how to make a referral for a DoLS authorisation so that people's rights would be protected.

Staff received Induction, training and regular supervision and appraisal.

Management audits were in place to monitor the quality of the service, and improvements had been made when required in a timely way.

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?

Requires improvement

The service was not always safe.

There was not enough staff on duty to provide care and support to people when they needed it. The layout of the premises meant that sometimes staff could not be easily found by relatives or people, staff observations of people could be improved.

People were protected from the risk of abuse and staff knew how to identify abuse and what action to take to keep people safe.

Medicines were stored and administered safely.

Equipment was tested and maintained to ensure it was in good working order.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to carry out their role and appropriate training was provided.

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet and the service catered for people's changing appetites as different options were available.

People had access to healthcare services to assess and receive ongoing healthcare support which met their needs.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported to make choices about their care and staff were respectful of their decisions. People were encouraged to express their views about their care and support needs and these were followed by staff.

Staff were confident in their knowledge of peoples care requirements and delivered their care and support with kindness and compassion.

People's dignity and privacy were respected and upheld by the staff.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's care plans were individualised and had been completed with the involvement of people and family members.

Hobbies and interests were actively encouraged and supported by a dedicated team of staff.

The provider sought the views of people and their family members through meetings and questionnaires.

There was a complaints process in place and complaints were dealt with promptly and thoroughly.

Is the service well-led?

Good 

The service was well led.

The service has a registered manager in post

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people.

Staff understood the philosophy of the service and how they can contribute towards this.

Staff had confidence in the management of the service.

Elm Bank Retirement Village

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. This unannounced Inspection took place on 24 February 2015 and was carried out by three inspectors 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. For example care of older people.

We spoke with people who used the service and their family members. We did this so we could obtain their views about the quality of care provided at the service. We also reviewed the data we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we undertook general observations in communal areas and observed the lunchtime meal's being taken by people in some of the dining areas. We used the Short Observation Framework for Inspection (SOFI) during lunchtime in one dining area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten people who lived at the home. We also spoke with five relatives of people who used the service. We reviewed the care records of four people to see how people were encouraged and supported to carry out their daily routines. We spoke with ten members of staff including two managers, one chef and seven care staff. We also spoke with two visiting healthcare professionals and commissioning staff.

Requires improvement

Is the service safe?

Our findings

At times it appeared that there was not sufficient staff on duty to meet people's needs. The layout of the building was very large and during our inspection staff were not easily visible. One relative said "Sometimes you need to wander around to find a member of staff." Another relative said "There are not enough staff to provide basic care to those with high dependencies, my relative often has food all down them and drinks are left out of their reach. I have also had to find a member of staff when I noticed that another person needed help urgently."

Three people did raise concerns that they felt there was not enough staff and that this did mean that their call bells were not always answered promptly which meant they had to wait to be helped to get dressed, going to the toilet or for drinks. One person said "There are not enough carers I ring the bell, usually because I need help getting dressed and sometimes it takes quarter of an hour before they come and I worry because I do have a lot of visitors and I need to get dressed. The staff are not so short today, it varies from day to day It won't be good tomorrow though. The night staff are lovely sometimes I need a bath at night and they have time to help me." This person told us that they felt safe in every way living in the home but that they did feel sorry for the care staff as they felt that they were always very hard worked. This person had a relative visiting, the relative did agree with what the person was saying with regards to safety in the home and the variations in staffing levels.

Other people said "They were short of staff but they have more staff now than a month or two ago then we had to wait for everything as staff were very rushed but it's got better now." Another person said I do feel they could do with more staff we have to wait sometimes for drinks, meals and the toilet, the staffing does vary but then I'm sure every place like this could do with a couple more staff'.

Following our inspection we spoke with family members. One relative said that they were very concerned about the staffing levels and that the staff were struggling to meet the care needs of people. They described that staff were very busy and that people were sitting in soiled clothes waiting for staff to become available to provide personal care. They also said that while the staff were very kind to people they could see that they were struggling to meet people's needs as there wasn't enough staff available.

We observed on three occasions during our inspection that people were wandering in the corridor looking for staff to help them to find their room or to support them to go to the toilet. We also saw that one person had wandered unwitnessed into another person's bedroom and picked up their personal pictures, sat on their bed and took a drink from their beaker of juice – all not observed by a member of staff.

We noted that in one of the dining rooms on the second floor people were left unattended for a short while when they were eating their lunch. This was because there was only one member of care staff supporting people in the dining room. When one person wanted to be taken to the toilet the member of staff then had to leave the dining room unattended. During this time there was a brief altercation between two people which was not witnessed by staff, and one other person started to leave the table without using their walking frame. Other care staff were available but were taking food to or assisting people to eat their lunch in their rooms. The manager told us that they ensured that a hostess was available to assist staff and serve the meals so that care staff could concentrate on ensuring that people received their meals and had the support to eat them if required.

Staff told us that more care staff had recently joined the service but that at times they were still quite stretched. One care staff said "We need more staff on the floor; there is a lot to do especially if people need turning or feeding."

We discussed staffing levels with the manager and they described the actions they had taken to increase staffing and they outlined the recruitment processes that were in place to ensure staff were of good character and had the right skills and knowledge to do their job. They also said that when they had sudden vacancies they used staff from an agency that were familiar with the needs of people that lived at the home. The manager showed us the model they used to calculate the number of staff needed and they confirmed that this was based upon the numbers and dependency of the people who lived at the home. However people, relatives and staff had all told us that there was not sufficient staff available to meet people's needs. We concluded that there had been at least three occasions when people had not had their needs met when they wanted them as there had not been any care staff available. Staff observations of people could be improved.

Requires improvement

Is the service safe?

People's individual risks had been assessed. These included a mobility risk assessment and a bedroom risk assessment which identified actions required to assist each person in the event of a fire. Risk assessments such as the MUST tools (malnutrition screening tool) were in use to identify the risks associated with weight loss. People with a history of falls had risk assessments and preventative management plans were in place such as walking frames which enabled people to move independently in a safe way. Risk assessments for the prevention of pressure ulceration were also in place. A visiting health care professional said that one person had been admitted to the home with a pressure ulcer and that this was now healing well.

Manual handling plans were in place for most people who required them and set out clearly what support the person required, however it was observed that one person who required staff to use a hoist to move them did not have a manual handling plan in place to support this. This meant staff and the person were at risk of providing and receiving unsafe care. We discussed this with the manager and they promptly ensured that a manual handling plan was in place which set out clearly what equipment and procedures were to be followed to ensure safe moving and handling of the person.

Equipment was managed in a way that kept people safe. The equipment used to move people such as a hoist was safe to use and records showed that they had been checked on a regular basis which ensured it was in good working order. Staff were trained in the use of such equipment and their practice was observed on the day of inspection which confirmed that people were moved in a safe way.

We spoke with ten people who lived in different parts of the home. They confirmed that they felt safe and had no concerns about how they were treated. One person said "All the staff are lovely they treat me really well, I have no complaints."

Staff understood their personal responsibilities to protect people in the home from harm and abuse. They understood the different types of abuse and had a clear understanding of how to report any concerns that they had to the manager and or external agencies such as the Local Authority or the Care Quality Commission. The manager had made appropriate safeguarding

referrals to the relevant authorities when this had been required to keep people safe.

There were suitable arrangements for the safe storage, management and disposal of medicines. Medicines were stored securely in an air temperature controlled environment so that they remained at the correct temperature as recommended by the manufacturer. We spoke with one person who used the service who told us that staff looked after their medicines and they had no concerns. They said that they ring their call bell when they are ready to go to bed and staff bring their medication. Another person said "The care staff are very kind and helpful. I have two lots of tablets I always get them on time." Staff told us they had received training in safe handling of medicines and their competence was checked regularly. Newly appointed staff told us they were waiting to complete the competency test before they were able to administer medication. This ensured people received the right medicine at the right time and by staff who were trained to do so. We observed staff supporting people to take their medicines and found people received their medicines safely as prescribed to meet their needs.

Good

Is the service effective?

Our findings

People were support by staff that were skilled, trained and competent in meeting their needs. Staff had access to appropriate training and development opportunities and their training covered topics such as medication, food hygiene, health and safety and understanding Alzheimer's disease.

Staff received a good induction to the service. A new member of staff told us that they were completing their induction program and that they had received basic training which included movement and handling, fire safety, and safeguarding people from abuse. During their first two days they had shadowed an experienced member of staff to familiarise them with the people and their routines. They felt they had the necessary support from staff to carry out their duties.

Staff supervision and appraisal was in place. Staff said that they had received supervision and appraisal and that the managers were approachable and they felt able to discuss their development needs during these meetings. We noted that supervision meetings for staff had been planned in advance so that personal development and feedback of their job role could be given to care staff on a regular basis.

People received their medicines when they required them. Medicines were only administered by staff that had received training and had been assessed as competent to administer them. This ensured that staff had the necessary knowledge and skills to administer medicines safely and to carry out their job.

People were actively involved in decisions about the way their care was delivered and staff understood the importance of obtaining their consent when supporting them with their care needs. Discussion with a senior member of staff confirmed their understanding of the importance of obtaining consent to care. We looked at the care records for one person who had been recently admitted. The care plans identified that the care plan had been formulated through discussion with the person who had full capacity and was able to make their needs and wishes known to staff.

One member of staff spoke about one person who used the service who was sometimes resistant to assistance in meeting their personal care needs. The member of staff said that where this occurred staff left the person and returned later to offer assistance again. They told us that this person was prescribed a medicine to use as and when required to help calm them. Medicine records reviewed for the previous month showed that this medicine had not been used. This indicates that the strategies staff were using to support this person was effective and that attempts had been made to provide personal care when the person agreed to the support with their personal care.

People's views were respected and acted upon. We saw that a 'do not attempt cardio-pulmonary resuscitation' (DNACPR) form was clearly displayed on one person's care file. The form was appropriately signed by a doctor and confirmed that the decisions had been discussed with the person. Availability of the DNACPR meant that in the event of a decision having to be made about resuscitation the person's wishes could be taken into account.

Staff had received training in understanding the requirements of the Mental Capacity Act in general, and the specific requirement of the DoLS. There was a Mental Capacity Act policy and procedure for staff to follow to decide whether people had the capacity to make some decisions for themselves. Staff were able to describe through discussion their role in assessing people's capacity. If people lacked the capacity to make decisions' best interest' meetings were held which included health and social care professionals and relatives. This meant that discussions were held and a decision could be made in the person's best interest. We noted that the manager had submitted requests to restrict people's liberty to keep them safe and that they were complying with the specific conditions applied to the authorisations.

People had enough to eat and drink to maintain a balanced diet. People told us that they enjoyed their meals. At lunch time we saw that there were two choices of the main meal and a sample of each was plated to show people what the choices were which helped some people in making a decision about what they wanted to eat. We observed staff gently encouraging people to eat their lunch, and provided an alternative if people wanted something else. During our inspection we heard staff regularly offering drinks and snacks to people. We noted that drinks were available in people's rooms. One relative mentioned that they had asked staff to keep reminding their family member to drink when they were in their room

Good

Is the service effective?

as they had been concerned about their fluid intake. When we spoke with the chef they told us that they were always able to cook food to order such as an omelette if people wanted to eat something lighter or at a later time.

People that were at risk of losing weight were reviewed. We saw a record demonstrating that the deputy manager had reviewed care records for three people who had been identified as having lost weight. The deputy manager told us they checked regularly to make sure that all necessary actions had been taken. Records showed that professional advice had been taken and people were weighed regularly and one person who had experienced significant weight loss was gradually putting weight back on. We spoke with a member of staff who told us that they had liaised with the chef regarding this person's particular meal preferences and requirements and that they were now eating more.

People were assured that their day to day health needs were met. Referrals had been made for people to access GP's, and health care professionals for treatment and follow up appointments. We saw that staff responded to changes in people's health and sought medical advice and treatment appropriately. For example staff told us that they had called the GP to see two people who were "chesty".

During our inspection there was a visiting member of the district nursing team who told us that they visited the home daily and there was a diary that was updated every day with information on who required a nurse visit. The district nurse told us staff were prompt with recording and observing changes in people's physical health requirements so that timely assessment and treatment could be given. One person said "The staff are very good if I need any extra care, my catheter blocked in the middle of the night and they called the nurse straight away and she came and sorted things out."

People attended routine appointments such as the dentist and optician and were referred to appropriate specialist services when required. During our inspection a speech and language therapy assessment was taking place for a person, and the district nurse was visiting other people. This demonstrated the service worked closely with other services to make sure there was a joined up approach to meeting people's on going health needs.

Good

Is the service caring?

Our findings

People were cared for by a staff team that treated them in a caring, respectful and thoughtful manner. Relationships were positive and considerate; one person described the staff as 'Very kind and helpful". Another person said "The staff are very good, sometimes I need a bath at night and they come and help me and give me time and a cuppa when I want one." One relative said "All the staff are lovely and are really good with my husband." During our inspection we saw examples of staff acting in a kind caring manner towards people at the home. One person was anxious about their belongings and a member of staff helped allay their concerns by reassuring them and helping them to locate the item. We saw that when staff were speaking to people who were seated they either sat or crouched to the person's level in a relaxed and friendly way.

We saw that staff took care to preserve people's dignity. Personal care took place in the privacy of people's bedrooms and we saw that one person was assisted to their bedroom and the door closed for a member of staff to administer their eye drops. Another person was asked where they would like to sit to receive their medication. We saw that staff knocked on people's doors and waited for a response before entering.

During our observations at lunch time we saw that a member of staff approached one person that had spilt some food down their clothing. The staff member discreetly asked the person if they would like some help to change their clothing. This meant that this person was treated with dignity and respect by the staff member.

Staff spoke to and about people in a respectful manner. One person told us that staff always used their preferred name. Two care staff told us that the admission process includes the gathering of information about people's preferences including their preferred name, choices of how they like to spend their day and any spiritual requirements. One relative said that their family member was able to see a minister once a month and that communion was held weekly for those that wanted it.

Observations at lunch time on the third floor showed that people were supported with their meals in a way that preserved people's dignity. As staff assisted people with their meals there was a lot of conversation between staff and people who used the service which created a relaxed and comfortable atmosphere. One relative said "They are lovely staff, I can't praise them highly enough." Another relative said that a member of staff had brought their new baby in on their day off for people to see and this had delighted their family member.

Some people were able to contribute towards discussions about their care needs. We noted that when people were not able to voice their own opinions, family members had been involved in discussions about how people wanted their care to be given. Such as what gender of staff they would prefer to provide their personal care. We were also aware that the provider had arrangements in place for an independent advocacy service should people require this.

Good

Is the service responsive?

Our findings

People who were able to make decisions about their care had been involved in planning and reviewing their care. The staff told us that this was to make sure that each person's care and support needs were accurately recorded and their views of how they wished to be cared for were

known. The assessments clearly identified people's needs and we noted that they had been updated when people's requirements has changed. Staff we spoke with were able to demonstrate that they had a clear understanding of people's needs.

People were able to choose to attend a range of activities that were on offer. Most of the people we talked to had a list of available activities for the week in their room which meant they knew what was available for them and they could choose to join in if they wanted to.

We saw that a craft session was in progress. There were two activity co-ordinators helping and a craft teacher had come in for the morning to lead the session. Most people who were able to join the group spent the morning there. The teacher was showing people how to make a hanging flower mobile from ribbon and cards and we saw that people were chatting to each other and enjoying the activity. One person said "I like the outings and I know what activities are planned so I can choose which one I want to do, I don't like the bingo though so I prefer to do other things when that is on." Another person said "I like to stay in my room and watch TV most days I'm happy."

Another person said "I like to do word games and sometimes the staff will play with me I think someone's coming to have a game of scrabble with me this afternoon." On the wall beside people's bedroom doors there were 'memory boxes' which were personalised to show people's hobbies and interests, they included pictures and scenes such as a garden. Staff said that family members personalised these so that staff know what interest's people enjoyed and what was important to them which encouraged topics of conversation.

Staff said that if a person lacked the ability to make their own decisions that their relative or an advocate would be asked to speak on their behalf. This was evidenced in people's care plans where family members had written their loved one's preferences and described ways to actively involve them if they were getting distressed. In one person's care plan a family member wrote "If my husband gets distressed talk to him about the tools he used to make when he worked in the tool factory". In another care plan staff had recorded "if the person is tapping herself slowly this means she is happy and content, if the tapping increases in frequency it means she is getting in distress" it then gave guidelines on how to assist the person with becoming less distressed.

The service was provided flexibly in order to meet people's requirements. At lunch time we saw that although there were two main course choices, one person had chosen to have cheese and biscuits for lunch and another person who was feeling unwell at lunch time had a cheese omelette in the middle of the afternoon. This flexibility of approach in responding to people's individual needs and choices helped in meeting their nutritional needs.

Information and a policy and procedure were in place that detailed the action people could take if they wished to complain. Relatives told us that they had felt listened to when they had raised their concerns. One relative told us "I feel the staff do their very best and I know how to raise a complaint, when there have been issues they have always been put right."

We saw that one person was prescribed a medication to be administered as and when required to reduce anxiety. Medication administration records viewed for the previous month showed that the medication had not been required and stocks of medication checked against the records confirmed that none had been used. Discussion with a member of staff identified that although this person did sometimes become anxious and refuse care, they had got to know the person and were able to assist them without the use of medication. This meant that the staff had got to know the person and had been able to provide their support in an individualised way.

Good

Is the service well-led?

Our findings

The service was well led. There had been a recent change in the management of the home. We noted that the new manager had set up meetings with care staff, kitchen and housekeeping staff and relatives to introduce themselves and discuss the arrangements for the home. Relatives had been able to use the meetings to request further information on staffing and housekeeping arrangements and we saw that these had been responded to by the manager. One relative said that they had seen an improvement in the service and that the staffing levels had improved.

We spoke with two members of care staff and they told us that if they had any concerns they could speak with the manager who they felt would be supportive. Staff were clear about whistleblowing. Whistleblowing is a term used where staff alerts the service or outside agencies when they are concerned about care practice. Staff told us that they felt confident to whistle blow if they had any concerns about the management and practice at the home and they knew who to raise concerns with externally such as the Care Quality Commission. Staff also said "This is a home where the managers listen to you."

There were systems in place to monitor the quality of the service. For example infection control audits and medicine management audits. We noted that action had been taken when improvements to the service had been identified. People's care records had been reviewed on a regular basis and the manager told us that they were changing the format of all the care plans of people who lived at the home. This meant that the quality of the information held within people's records was monitored and action taken if needed.

The quality of the food was monitored. We saw that the hostess was asking people what they thought of their lunchtime meal, and how satisfied they were with the quality of the food. We spoke with the chef who told us that this feedback was useful in planning future menus.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety and confidentiality.

Regular feedback was obtained from family members in a variety of ways. Through informal arrangements such as discussions with staff while visiting the home, or by more formal arrangements such as an annual satisfaction surveys. We looked at the results of the satisfaction survey that had been completed in November / December 2014 and saw that all the respondents had been complimentary about the service and the staff. General comments included "I was not happy with the care last April but the new manager has put things right."

There was only one complaint that had been raised by the people we spoke with and this was regarding the variety and choices of food on the menu. The person was able to tell us that they felt the variety of food on the menu had improved and now included the food choices that they had asked for.

When we spoke with some people about the management of the home only one person was able to say that they knew the manager. People knew the senior care staff and care assistants who worked on the unit on a regular basis. One relative said that they did not see the manager "walk the floor" on a regular basis.