

HC-One Limited

Elmwood Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Elmwood Nursing Home is a purpose built residential home that provides nursing care and support for up to 53 older people, some of whom are living with dementia. At the time of our inspection 49 people were using the service.

Our inspection took place on 27 and 28 January 2015 and was unannounced. At our last inspection in October 2013 the provider met the regulations we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff knew how to identify if people were at risk of abuse and what to do to help ensure they were protected.

People moved freely around the service. Staff made sure any risks to people's safety were identified and managed appropriately. Staff positively supported people when they were upset or distressed.

Summary of findings

People received their prescribed medicines at the right times, these were stored securely and administered safely by registered nurses.

People had access to healthcare services when they needed it and received ongoing healthcare support from GPs and other healthcare professionals.

The provider was aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) that ensured people's rights were protected.

Staff spoke with people in a kind and sensitive way. They were helpful and polite while supporting people at mealtimes to make sure people had sufficient amounts to eat and drink. People and their relatives were positive about the food at Elmwood Nursing Home. Special dietary requirements were catered for and people's nutritional risks were assessed and monitored.

We observed that staff were caring. They showed people dignity and respect and had a good understanding of individual needs.

People and staff were asked for their views on how to improve the service. Staff felt listened to and supported by their manager.

The provider had systems in place to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used this information to make improvements to the service.

Staffing numbers were managed flexibly in order to support the needs of people using the service so that they received care and support when needed. Staff received the training they needed to deliver safe and appropriate care to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff helped make sure people were safe at the service by looking at the risks they may face and taking steps to reduce those risks. Medicines were managed safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective. The provider was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Staff had received the training or skills they needed to deliver safe and appropriate care to people.

People were supported to eat and drink sufficient amounts of well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy at the service and staff treated them with respect and dignity. Staff knew about people's life histories, interests and preferences. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People's care records were person centred and focused on people's individual needs, their likes and dislikes and preferences.

A range of meaningful activities was available and people were supported to follow their interests. Efforts were made to prevent people from feeling isolated or lonely.

People and their relatives felt able to raise concerns or complaints and knew how they should complain. The service responded to and investigated complaints appropriately.

Good



Is the service well-led?

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Regular staff and managers' meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Good



Summary of findings

The provider encouraged feedback about the service through regular meetings and staff and relative surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Elmwood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

Our inspection took place on 27 and 28 January 2015 and was unannounced.

The inspection team consisted of two 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.

We spoke with nine people who used the service, six relatives, eight members of staff and the registered manager. We also spoke with three healthcare professionals who were visiting the service at the time of our inspection. We observed the care and support being delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 11 care records, four staff records and other documents which related to the management of the service such as training records and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe and the service was a safe place. People told us, “I feel quite safe”, “Yes, I feel safe” and “Oh, I would say I’m safe.” Relatives said, “I do feel [my relative] is safe here” and “[My relative] is defiantly safe here.” Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority’s safeguarding team and the CQC. Managers and staff we spoke with knew about the provider’s whistle-blowing procedures and had access to contact details for the local authority’s safeguarding adults’ team.

People said they had the freedom to move around and were able to choose where they wanted to go. They told us, “I can wander around the floor”, “I can go where I like ... I don’t need help to get around and they let me” and “I am free to wander.” One relative told us “[My relative] has a choice where they want to be.” We observed people moving around each floor and staff told us that people were able to spend their time on other floors if they wanted.

Staff supported people while managing potential risks and hazards. For example, one person wanted to sit on a table, staff explained that they could fall as the table was not safe and gently encouraged them to take part in another activity. People’s care records had risk assessments in place such as moving and handling, falls, nutrition and pressure area care. Where a risk had been identified there was guidance for staff on how to manage and reduce that person’s risk.

Some of the people at the service were living with the later stages of dementia and we observed staff positively support people when they became upset or distressed. Some guidance for staff on how best to support people in these circumstances was contained within some people’s care records. However, in some cases the information in care records was limited. The manager explained they realised the needs of the people they were caring for were changing and they were working with the local authority to improve the way they supported people. A visiting healthcare professional was carrying out assessments at the time of our inspection in order to help staff meet peoples support needs more effectively.

People using the service, relatives and staff we spoke with felt there were enough staff available in the home at all times to meet people’s needs. People told us, “Yes, there are enough staff about”, “They’ve got enough staff” and “I think there are enough staff, they are very co-operative.” Relatives told us, “There seem to be enough staff but one or two more would help” and “There seems to be the right number of staff.” People had mixed views about the response from staff when they used call bells. One person said, “When I call they take some time and another said, “They don’t come too quickly if I ring, they could be busy.” However, a relative told us, “I used the call bell and the response was reasonable.” We tested a call bell during the afternoon of our inspection and found staff attended within a reasonable time frame. The manager regularly monitored the call bell response time and staff were reminded of the importance of attending to and reassuring people during their monthly staff meetings.

The manager told us they had a flexible approach to arranging staffing levels and would regularly employ an additional member of staff when necessary. For example, when a person needed to attend a medical appointment. One person required one to one support; we spoke to the staff member and looked at the duty rotas to confirm that this support was given in addition to the regular staff allocation.

The service followed safe recruitment practices. We looked at the personnel files of four members of staff. Each file contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. Staff records included up to date criminal record checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People received their prescribed medicines at the right times. All medicines were stored securely and administered by registered nurses. Protocols for ‘as required’ medicine were in place, giving guidance to staff on the type of medicines to give and when people needed to receive them. We found no recording errors on medication administration records and we saw monthly medicine audits were carried out.

Is the service effective?

Our findings

The provider had an on-going programme of training. This included a comprehensive induction covering subjects such as the service's aims and objectives, safeguarding adults, food safety, health and safety awareness, fire safety and emergency first aid.

Staff said they received enough training to care for people and meet their needs. One staff member said, "The training here is brilliant." There was a dedicated e-learning point for staff to use and this training was monitored centrally. Mandatory courses included safeguarding, infection control, fire drills, food safety on care, health and safety and understanding equality and diversity. Records confirmed staff had received their mandatory training and systems were in place to identify those staff who still needed to complete their training modules. Staff received specialist training to meet people's needs. For example, staff had received training in falls awareness, person centred approaches to dementia care and understanding and resolving behaviours that challenge.

Staff said they received regular supervision meetings with their line manager to reflect on their practice and their own skills and development. Records were kept of these sessions.

The service had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider was in contact with the local authority to ensure the appropriate assessments were undertaken so people who used the service were not unlawfully restricted.

When people lacked the capacity to make some decisions we saw examples where the person's GP and relatives had been involved. For example, in making end of life care decisions or as part of a bed rails assessment. However, we also saw examples where the rationale behind people's MCA assessments had not been recorded. The manager explained the service was in the process of changing the way they recorded MCA assessments. We were shown examples of the new format being used and saw that relatives, healthcare professionals and Independent Mental Capacity Advocates (IMCAs) were being involved where appropriate.

People were offered a choice of food and drink at meal times. People told us, "The food is nice enough with

choices and the portions are OK", "The food is very nice", "The food is very good and the portions are fine...I have water and juice. It is there all the time you can help yourself." Relatives told us, "[My relative] likes their food and eats well...I come for a meal sometimes, it's quite enjoyable" and "[My relative] doesn't like the food very much [the staff] try to make her eat, but gently."

People were regularly offered hot and cold drinks by staff throughout our visit. We looked at the food menu for the week, which was available in the dining rooms. We observed lunchtimes on all three floors and noted staff were kind and attentive, supported people when they needed assistance and the atmosphere was relaxed. Staff asked people if they wanted more to eat or drink during the lunch time period.

People who had special dietary requirements were catered for. We spoke with the cook who had a good knowledge of people's dietary needs including cultural preferences. Alternatives to the menu were available for people and we were shown the process in place to order different options. Pictures were used to help some people understand the menu options available and choose alternatives if they wanted. The service regularly asked people about the menus in place and if they would like changes.

People's nutritional risk was assessed and monitored. Care records contained details of people's weight and nutritional assessments, healthcare professionals were involved when people were identified as being at risk, for example, from choking or malnutrition. People's weight was checked monthly and this was monitored by staff and the manager. People with diabetes were regularly monitored for signs of hypoglycaemia or hyperglycaemia and records were kept of blood sugar levels. Drinks and snacks were available for people throughout the day and night, such as fruit, biscuits, cereal and toast.

People had access to healthcare services and received ongoing healthcare support. People told us, "The doctor comes every two weeks and I can ask to see him", "The doctor is very good and asks how I am", "The hairdresser, the eye man and the teeth man visit from time to time ... and they cut my nails as well" and "They have cut my nails and toe nails recently...you certainly can see the doctor if you need to." Relatives told us that they felt confident that medical treatment would be sought promptly. One relative told us, "All those healthcare issues are met."

Is the service effective?

We spoke with the GP who was at the service during our inspection. They explained their surgery visited every week and they thought the service was good at responding to

their advice and updated their records accordingly. We observed there was a good rapport between the GP, the staff, people and their relatives and it was clear the GP knew most people who used the service well.

Is the service caring?

Our findings

People told us the staff were caring, they said, “All the girls are very kind, I get on well with all of them”, “It’s a very pleasant place to be in” and the staff are very good.” Relatives told us, “The staff are great with [my relative], I can’t fault them”, “I have a very high regard for the staff here, everyone is so kind to residents” and “The staff seem lovely. They are very kind and helpful.”

People’s diversity was respected. For example, people’s spiritual needs were understood and supported. One person told us, “A minister comes in and I can see him if I want.” During the afternoon of our inspection we observed a church group visiting people who used the service. People’s cultural and spiritual preferences were recorded in their care records.

People said that staff took interest in their well-being. They told us, “They chat when doing personal things...every day they say ‘are you alright’ they are very good” and “They chat about me from time to time.” Staff told us how they looked at people’s care records to help them know how they wanted to be cared for.

We observed staff were friendly, caring and kind when they spoke to people. They took the time to ask people how they felt and were unhurried when supporting them. We heard staff have conversations with people while working and it was clear that many staff had a detailed knowledge of people and their preferences. We observed one person studying the furniture, feeling the work surface and finish of the wood. Staff explained the person was once a carpenter

so they had an interest in how things were made. One staff member said, “People like to talk about their life and their family, we have some time after meals to listen and talk, it’s important to them.”

People told us staff treated them with respect and dignity. They said, “They knock and then close the door when they come into my room”, “They are private with me, they knock on my door and ask if they can come in” and “Yes, staff treat me with respect.” Staff told us how they treated people with respect and dignity. One staff member said, “I always ask what name people like to be called.” Another told us, “We respect people’s privacy when we are helping with personal care.” We observed staff were respectful when they spoke to people and offered a choice, for example during lunch a member of staff spoke with person, “[name] your lunch is here, where would you like to sit?” Another staff member asked if one person would like to wear a tabard to protect their clothing, the person declined and the staff member went on to serve them lunch.

Relatives told us they were able to visit whenever they wanted. They said, “We are made very welcome here”, “I’ve always been happy with the place but particularly in recent years” and “I always come in at different times and unannounced, there are never any problems.”

People were supported to be as independent and were encouraged to do as much for themselves as they were able to. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Is the service responsive?

Our findings

People who used the service and their relatives felt they were involved with the assessment and planning of care. People told us, "You get what you need", "They give me what I need, I couldn't ask for better" and "They do know what I need and I get it." Relatives said, "They seem to talk to the residents individually" and "The assessment of care was good, very detailed and we were totally involved."

A visiting care manager told us the service had followed the needs assessment originally put in place and their client was very settled at the home.

People's care records were person centred and focused on people's individual needs, their likes, dislikes and preferences. For example, one care record gave information about a person's food preferences, how they liked to have small portions but needed encouragement from staff to eat. A relative told us how their family member had fallen from bed they said, "They have changed the bed and [my relative] is fine now." Details of the person's fall were recorded in their care records together with the action taken including discussions with the relative on the options available.

People were supported to make their own choices and have as much control over their life as possible. A relative told us about a recent morning visit when they found their family member had chosen to stay in bed, they said they were impressed because staff had offered them breakfast even though it was close to lunch time. Staff told us, "When people want to stay in bed a bit longer we come back later to check when they will be ready." We observed people chose where they ate their meals, where they wished to sit or walk. People were moving around while staff were on hand to offer assistance if needed. One staff member told us, "It's nice here, people are active, it feels alive."

Staff were clear about the handover routine and told us the notes helped them meet people's immediate needs. One staff member told us, "We complete handover sheets every day and discuss them with the manager at our daily flash meeting."

People had mixed views about the activities available to them at the service. Comments included, "I like the TV on", "Yes, I have enough to do", "There's not much to do, but I read a lot" and "We go into the garden in the Summer." At the time of our inspection the service's full time activities coordinator was on leave and part time cover had been arranged for their absence. We observed staff were playing bingo with people one floor and later in the day were singing songs. There was an activity room on the ground floor although we did not see this being used. Staff told us the service had its own mini bus which enabled them to take people on outings for example shopping, garden centres and the seaside. Photos of outings were displayed around the service.

People knew how to make a complaint. People and their relatives told us they felt listened to by the manager and staff. People told us, "If I was unhappy I would complain", "I've never complained but if I see anything wrong, I will speak up", "If I was to say something, they would put it right" and "I've never complained but I would...they would try and fix it." One relative said, "I would approach the manager if I had any concerns."

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Complaints were logged and monitored at provider level. The manager confirmed there had been no complaints in the last 12 months. Relatives were encouraged to raise any issues at relatives meetings or during the manager's weekly evening surgery. The manager explained how she staggered the times of the relative meetings to accommodate as many people as possible.

Is the service well-led?

Our findings

People were positive about the management of the home. They told us, “They seem to manage the place well”, “I do think this place is managed well, it’s a very happy place and that is important”, “I know the manager and I see her quite often” and “I don’t really know the manager but everyone is very co-operative.” Relatives told us, “I know the manager and she is about all the time” and “Every time I have been in I’ve see the manager... I can go to the management with any issues.”

People were encouraged to have their say through regular meetings and surveys. Relatives’ meetings were held throughout the year. Agenda items for the November 2014 meeting included meal times, activities, staffing levels and events over the Christmas period. Relatives told us about yearly questionnaires that were sent to gain their views of the service. We noted surveys were sent to healthcare professionals and relatives and results were mostly positive. People using the service were encouraged to complete a food satisfaction and activity surveys. Suggestions made from the food satisfaction survey had been incorporated within the planned menu. For example, one person had asked for “more apple pie” and this was now a regular item on the menu.

People told us they thought staff worked well together as a team and asked for help when they needed it. They said, “They [the staff] get on very well with each other”, “The staff work well to together and seek help when they need it “ and “The staff seem to get on well with each other and the place is pretty well run.” One relative told us, “They [the staff] do work as a team.” Staff felt well supported by their

managers. Staff told us, “The management is good we are given support at all times... if we have any problems we go to them and they tell us what to do”, “I have a good working relationship with the manager and the staff” and “Staff morale is good, the team are good, I am happy to work here.”

Regular staff meetings were held. Senior staff including nurses, housekeeping and maintenance attended a daily “flash meeting” with the manager. This provided the opportunity to discuss the needs of people who used the service, share information, raise any concerns and identify areas for improvement. Monthly staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes from the staff meeting covered information such as peoples care, activities, staff training, answering call bells in a timely manner and general employment issues such as shift times and annual leave.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, one person was now receiving one to one care following an incident

Quality assurance systems were in place. Quarterly audits took place covering care plans, risk assessments, medication and health and safety. The provider carried out regular quality audits and where issues had been identified, recommendations were made and improvements monitored.