

Elm Tree Care Home Limited

Elm Tree

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Elm Tree care home is a privately owned and run care home by Hunt Healthcare Ltd. It provides accommodation and personal care and support for up to 46 older people, some who may have a mental health need or may be living with dementia. At the time of our inspection there were 40 people who lived in the service.

At the last inspection, in April 2015 the service was rated Good. At this inspection we found the service remained Good.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were kept safe. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff were effective in identifying risks to people's safety and in managing these risks.

There were enough staff to care for the people they supported. Staff received a comprehensive induction into the organisation, and a programme of training to support them in meeting people's needs effectively.

People received medicines from trained staff, and medicines were administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported with their nutritional needs. People were also assisted to manage their health needs, with referrals to other health professionals when required.

People and relatives told us staff were caring and had the right skills and experience to provide the care required. People were supported with dignity and respect and people chose how they spent their time.

Care plans contained information for staff to help them provide personalised care, were up to date and accurately reflected people's care needs.

Staff encouraged people to be independent. People had activities provided to keep them occupied and staff supported people with their individual interests.

People knew how to raise a concern and were encouraged to share their views and opinions about the service they received. There were formal opportunities for people and relatives to feedback any concerns through surveys.

People and relatives were positive about the management of the service. Staff told us the management team were approachable and responsive, and they could raise any concerns or issues with them. There were formal opportunities for staff to do this at team meetings and individual meetings.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with the organisation's policies and procedures. Environmental checks were completed and staff knew the correct procedures to take in an emergency.

Further information is in the detailed findings below and you can also see our previous comprehensive inspection report for this service.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Elm Tree

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13th June 2017 and was unannounced. The inspection team consisted of two inspectors

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered any information which had been shared with us by the Local Authority

We focused on speaking with people who lived at the service who were able to express their views about the service. We also spoke with staff and observed how people were cared for. We 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 were unable to talk with us, due to their complex health needs. We also observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunchtime meal in the two dining rooms.

During our inspection we spoke with six people who lived in the service, four relatives, one visiting health care professional, four care staff, the activities coordinator, the registered manager and the provider.

We looked at six people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, five recruitment files and training records and

records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service,

Is the service safe?

Our findings

People and relatives told us that they felt safe knowing that there was always support and assistance available when required. One person told us, "I feel very safe here yes." One relative told us, "They are all nice girls. I don't have to worry now. I never have to worry about [relative]." Another comment from a relative in the compliments folder recorded, "We really believe that [relative] felt safe and happy in your lovely home."

We saw people were still protected from risk of harm. Staff were able to clearly describe the terms safeguarding and whistleblowing and the steps they would take if they suspected people were being abused. Staff told us, "You put the person first and I think about what if it is my relative. I have no problems reporting any issues." And, "I do understand whistleblowing, it is when you see something that is not right and you need to report it." Staff told us they would report concerns to social services, police or the Care Quality Commission (CQC)." Records confirmed that they received regular training on safeguarding which was updated annually. We also found that people had detailed risk assessments in place to provide guidance and direction for staff. For example, where people had been identified as being at a high risk of falls, a falls diary was kept detailing any incidents that occurred. We saw that where people had sustained a fall, proactive measures had been taken to refer the person for input from specialists such as physiotherapists. One person at the service smoked and a risk assessment had been completed to manage this safely and included information such as where their tobacco and lighter were stored. The person had signed the assessment. People receiving respite care at the service also had appropriate risk assessments in place.

We looked at rota system for staff that the provider used, to ensure that the appropriate number of staff were available to support people safely. The registered manager explained that staff were available 24 hours a day and shifts were split into a morning, afternoon and night shifts. Staffing levels were then adjusted depending on the level of need required throughout the day. People and relatives confirmed that there was always someone available when needed.

Robust systems were in place to ensure the safe recruitment of staff. We looked at the recruitment files of five staff members. Files contained the relevant documentation required to enable the provider to make safe recruitment choices.

People were supported with medicines where this was identified as an assessed need. Records were in place to ensure the safe administration of medicines which included appropriately completed Medicine Administration Records (MAR), receipt and returns of medicines and medication audit reports. Staff were also provided with appropriate information and guidance to any risks associated with medicine administration and how people were to be supported with their medicines. We also observed the lunchtime medication round and saw this was done safely.

Is the service effective?

Our findings

People and relatives told us that care staff knew how to support them and felt that staff were adequately skilled and trained to deliver safe and effective care. One person was receiving respite care at the service. They explained to us that when they had left hospital they had a pressure area on their skin but that since being at the service the area had healed. They went on to say, "They have done a brilliant job." One relative explained to us that prior to being admitted to the service their relative had suffered a fall which had significantly reduced their mobility. They went on to tell us that with the support and encouragement of staff they were now able to mobilise with a walking frame. They told us, "It has all gone well. She has got back on her feet and put on weight."

Care staff told us and records confirmed that staff received an induction prior to commencing work. This covered mandatory training in topics such as first aid, moving and handling, safeguarding and health and safety. Following the induction, records showed that all training was refreshed annually. Staff told us that they received regular supervision and an annual appraisal. One staff member told us, "I am very well supported and training is very important here."

The service supported people who were subject to a DoLS authorisation. All staff we spoke with demonstrated a good knowledge of the principles of the MCA and how this was to be implemented when delivering care. People told us that care staff always sought consent when supporting them. Care plans also contained documents confirming that people had agreed to the care and support that they received.

People were supported to remain well hydrated and had access to a balanced diet. Everyone that we spoke with was positive about the food and told us that there was always a good choice and they could have what they wished. At lunchtime we observed staff supporting and encouraging people in a patient and appropriate manner. The activities coordinator sat and ate a meal with a different person each lunchtime. We saw that this gave them the opportunity to get to know people well and enabled them to encourage people who were otherwise struggling to eat their meal. We saw that staff gave people the time to eat at their own pace and that people with specific dietary requirements, such as pureed meals, had their needs met appropriately. We saw staff offering people a choice of drinks and snacks including smoothies and protein drinks. There was also a midnight snack menu if people wanted something to eat or drink during the night.

Relatives told us that staff always kept them updated to any changes in their loved ones well-being and that they worked well with health professionals to ensure their relations got the best and most appropriate care. One person had been losing weight before being admitted to the service. Their relative explained that staff had been regularly monitoring their weight and that they were now gaining weight and eating well. Care plans showed that people's health needs were being met and that where appropriate they had access to healthcare professionals including the optician, community matron, dentist, chiropodist, speech and language therapist, cardiac nurse and GP. District nurses visited the service where people had developed nursing needs, such as wound care and diabetes. Where people were required to attend hospital or healthcare appointments, the service arranged for care staff to support them to do this.

Is the service caring?

Our findings

People and relatives told us that care staff were caring and treated them with respect and dignity. Comments from people included, "It is a lovely place to be, staff are so caring." Relatives told us, "The staff are so kind." And, "It is like you are part of the family when you come here. [Relative] always has a smile on their face.

Throughout the inspection we observed there to be a calm, positive and homely atmosphere where people were enabled to live as they wished. People told us that this was their home with the added benefits of participating in activities and social events. People told us and observations confirmed that they had also developed positive and caring relationships not only with the staff that supported them but also with other people who lived at the service.

People and relatives told us that they were actively involved in the care planning process and were able to decide and agree the level of support that they required. We observed pleasant interactions between staff and people living at the service. For instance, we observed a member of staff sat with one person at lunch. They were gently encouraging them to eat their food as well as encouraging them to have a drink and were very patient when the person said they would like their meal later. Music was playing in one of the dining rooms. Some people were seen moving happily in their chairs to the rhythm

We saw people were also given choice by staff about how they wanted their care to be delivered. For instance, people were offered two choices at meal times and were able to select from the menu. Additionally, we saw people being asked if they would like to participate in activities and choose where they spent their time, throughout the day. Throughout the inspection we saw staff knocking on the doors to people's rooms and communal bathrooms and waiting for permission from people before they entered. This showed that staff considered people's choices and respected their decisions and choices.

We observed throughout the inspection that people's relatives were able to visit without being unnecessarily restricted and there were no prescriptive visiting times at the home. We also observed and were told about some positive examples of how staff demonstrated that they cared for people living at the service. For example, one person described how they had chosen to come to the service as it was very caring and had helped them continue with their recovery from addiction. They had previously been offered a placement that would place them at risk in that regard and they were pleased they had made the right choice. There was a dignity in care noticeboard which contained information including 'does it have to happen now?' which highlighted to staff not to rush people and to complete activities at the pace dictated by the person receiving it. The service worked alongside the local hospice and community matron to support people receiving end of life care.

Is the service responsive?

Our findings

People living at the service had a wide range of different needs, the care plans in place were person-centred and provided clear information for staff about how to provide care and support in accordance with people's expressed wishes. For example, night care plans were in place detailing things such as people's sleep patterns, the position that they liked to sleep in, what they chose to wear in bed and how many pillows that they slept with. One person's care plan read, "[Person's name] hates to be cold. She likes her quilt and a throw." One person told us that they preferred to remain in their room but that staff popped in regularly to make sure that they were okay. Another person told us, "It's fantastic here. I can't fault it. The staff are great."

Care plans contained a map of people's life. This enabled staff to get to know people and develop positive and meaningful relationships with both them and their relatives. One person told us, "They are helpful in every way. They look after me very well." Another person said, "I'm completely a different person to when I came in here a couple of weeks ago. They really cheered me up. I was depressed but they encouraged me and I'm feeling like I'm getting back to my old self." Further comments included, "You don't have to chase them they are always looking out for you." And, "I can't fault it. It's better than you could ever imagine." One person living at the service had previously had a dependency on alcohol. They explained to us that it was thanks to the support that they had received from the service that they had not drunk any alcohol since coming into the service 18 months ago. They went on to say, "I feel safe here and want to end my days here."

People were provided opportunities to engage in social stimulation and activities of their choosing. The home employed an activities coordinator who was very passionate about their role and meeting the individual needs of people living at the home. Throughout the day we saw people chatting together and with relatives in the communal lounges and small, quieter areas, around the service. We also saw organised activities taking place including skittles and cocktail making. The noticeboard also contained photographs of people participating in various activities including flower arranging and card making. We saw the activities coordinator encouraging people to take part in activities throughout the day and also respecting people's choice if this wasn't what they wanted to do. We saw residents' and relatives' meetings had taken place at the service monthly. An agenda was in place, with topics of discussion including food/menus, laundry, activities and any other items people wanted to discuss. This meant both people living at the service and relatives were being given the opportunity to contribute towards how the home was run.

The people and relatives we spoke with told us that they knew how to raise any concerns or complaints, but none of them had needed to formally. One relative told us that they had been concerned about another person accessing their relative's bedroom when they were not in it and it was left unlocked. They told us that as soon as they raised their concerns with staff the matter was quickly addressed and resolved. The service had a complaints procedure in place. We looked at the complaints log and found that no formal complaints had been received for some time. Where a formal complaint had been received it was clearly recorded what action had been taken to resolve the issue and the registered manager had responded to the complainant in writing.

Is the service well-led?

Our findings

The service had a registered manager in place. People said they found the registered manager approachable, kind and caring. A relative told us, "She is very nice and always does her best for the residents and staff." One staff member told us, "You know where you can go if you need advice." Staff were aware of lines of accountability within the service. We observed that staff were relaxed speaking with the registered manager and were able to raise issues with her throughout the course of the inspection. Staff told us they found the registered manager to be supportive and that they had encouraged a positive working atmosphere in the home. One staff member said, "We have a good team here and it's nice to have good managers who care about you." Staff told us there was an on-call system which meant they were able to access support and advice from management at times when there were no managers working or on duty.

We saw that accidents and incidents were recorded and these were analysed and reviewed to see if there were any patterns that could be identified to help reduce the risk of similar accidents recurring. The service had regular staff meetings and managers' meetings. Staff said they found these to be helpful and gave them the opportunity to discuss individual people and share ideas for good practice. Managers' meetings focussed on driving improvements and dealing with any issues that needed to be addressed. Records showed these meetings also included discussions about issues of relevance to the service such as, staffing, training, the inspection process and reports from any local authority monitoring.

Records were kept securely and could be located when needed. This meant people's information was stored securely. Notifications about important events had been sent to us in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a lot of various quality assurance and monitoring systems in place. We looked at the audits completed by the service. Audits covered areas such as medicines, care plans, pressure sores, and falls. The provider told us that the care plans were audited at least once a year. We looked at some of the plans that had been audited and found action plans in place to improve and update plans of care. Further spot checks were completed by the provider on a random basis. Service and environmental checks had been completed on a regular basis. For example, we saw checks had been conducted on servicing for hoists, emergency lighting, nurse call system, gas boiler safety certificate and servicing, lifts, legionella, slings and washers and dryers.

An annual survey was carried out to seek the views of people that used the service, their relatives and staff. The most recent survey carried out had been compiled and indicated overall positive feedback. People told us they felt able to convey their views to staff. The audits undertaken showed the ideas and areas people who used the service and relatives thought could be improved and how the service reacted to those ideas and areas. This showed us the service actively listened to people and took their ideas on board to improve and drive quality forward.