Elmfield Residential Home Limited

Elmfield House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 28 June and 8 July 2016. The first day of the inspection was unannounced. The second day of the inspection was announced, as we wanted to ensure the manager and provider were present.

Elmfield House is registered to provide accommodation with personal care for up to 18 people. At the time of our inspection there were 18 people living at the service, some of whom were living with dementia.

At the time of our visit there was no registered manager in post. There had not been a registered manager in post at the service since October 2014. 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 and their relatives told us they felt the service was safe. People told us that staff were very kind and they had not experienced any issues to their safety whilst living at the service. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff received a full induction to the service which included training.

There were enough staff to ensure that people's assessed needs could be met.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People and relatives were positive about the care provided and their consent was sought.

People's care and health needs were assessed and they were able to access all healthcare professionals as and when they required.

People's nutritional needs had been assessed and people were supported to eat and drink as and when required. The menus provided a choice of meals and people were able to choose a meal that was different to the menu choices.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People and/or their relatives had signed their care plans to signify their involvement in their care. People's preferences, likes and dislikes were recorded and staff were

knowledgeable about the care needs of people.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People we spoke to consistently said that they liked the service.

People were able to take part in meaningful activities that helped to prevent them from becoming isolated.

People and relatives told us they thought the service was well run and they were able to have open discussions with staff. People told us they were able to raise concerns and make complaints if they needed to.

Staff were knowledgeable about the values and visions of the service and worked in line with these. Staff were also aware of the whistle-blowing procedures and would not hesitate to report bad practice.

Quality assurance processes were in place to help drive improvement at the service.

At our last inspection in July 2014 we found the provider was in breach of the Health and Social Care Act 2008 that related to staff recruitment. At this inspection we found the provider had taken action to comply with the relevant regulation.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they were looked after by caring staff.

People's care and support was delivered in line with their care plans.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs.

Is the service responsive?

Good

The service was responsive to people's needs.

When people's needs changed, staff responded to ensure they received the appropriate level of support.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The provider was in breach of registration conditions as they had been operating without a registered manager since October 2014.

Staff felt supported by the manager and the provider.

Staff carried out quality assurance checks to ensure the service was meeting people's needs effectively.

Elmfield House

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 inspection took place on 28 June and 8 July 2016. The first day of the inspection was unannounced and was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second day of the inspection, which was announced.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During our inspection we had discussions with eight people who used the service, four relatives, six staff, the manager and the provider. We observed how staff cared for people and worked together. We read care plans for three people, medicine administration records, mental capacity assessments and Deprivation of Liberty Safeguards applications. We checked three staff recruitment files and records of supervision and training. We saw audits undertaken by the manager, minutes of residents, relatives and staff meetings and the provider's policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection in July 2014 we found the provider had not undertaken appropriate checks on staff before they commenced working at the service. This was in breach of the Health and Social Care Act 2008 regulations that related to staff recruitment.

At this inspection we found the provider had carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identity, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us they felt safe with staff who looked after them. One person told us, "Best move I ever made. It is a very safe, warm and homely kind of place. Staff are very generous with their time, this is very important." Another person told us, "I feel safe because if I need help, people are there to give it to me. I like to go out into the garden. Staff always make sure that I am all right before they leave me there."

Relatives we spoke with told us they believed their family member was safe and any issues would be attended to. One relative told us, "Absolutely safe, I would not leave my family member here if it was not safe. They treat my family member as an individual." Another relative told us, "My family member is safe because they are well cared for and there are always staff around."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff records confirmed they had received training in relation to safeguarding people that included whistle-blowing. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. One member of staff told us, "I would report all suspicions of abuse to the manager. The manager would then have to report incidents of abuse to the local authority safeguarding team who would lead an investigation." Another member of staff stated, "I would tell a senior member of staff if I saw any abuse and I would also inform my manager." Staff told us they had every confidence that the manager would follow the correct procedures when safeguarding concerns would be reported to her.

The safeguarding policy available to staff was last updated in December 2015. A copy of the most recent local authority safeguarding procedures was available for staff at the service. The staff knew where this policy was kept should they need to refer to it, to enable them to be guided in taking appropriate action to protect people.

People were kept safe because assessments of the potential risks of injury to people had been completed. Risk assessments were based on daily living activities. For example, moving and handling, medicines, falls and skin care. Guidance about the action staff needed to take to minimise risk was clearly recorded and risk assessments were reviewed on a regular basis. Staff were knowledgeable about risks to people and the action to take to minimise the risk.

We found a sufficient number of staff were deployed to meet people's needs. The staffing rota showed that these consistent levels of staffing were being provided. People and their relatives told us that there were sufficient staff on duty and people did not have to wait long for attention. One person told us, "We never have to wait long for anything. Staff are really good at attending to our needs." Another person told us, "I have a call bell. When I press it staff are there immediately." People told us that communication with staff was very good. One person told us, "If I am worried about anything staff would talk things through with me. They are very generous with their time." We saw that staff had time to spend attending to people's needs but also sitting chatting with people in less busy periods.

People's medicines were stored, administered and disposed of appropriately and securely. We looked at the Medicine Administration Records (MARs) for people. Medicines were received in a Monitored Dosage System (MDS) format with additional items received in original packaging for a 28 day cycle. All medicines received were clearly recorded. The MARs we looked had been completed and no omissions had been noted.

Where people had 'as required' (PRN) medicines, protocols were in place which contained information on the PRN medicines they required, what may trigger the need for it and the maximum dosage they could take.

We observed a medicine administration round. Staff asked people if they were ready for their medicines. They explained to people what their medicines were for and stayed with them until they had swallowed their medicines. The MARs records were signed by the member of staff after the medicines administered had been taken. The staff member was knowledgeable about the medicines being administered and knew how people liked to be supported when taking their medicine.

Interruption to people's care would be minimised in the event of an emergency. The provider had a business continuity plan that detailed the action to be taken in case of an emergency. For example, fire, flooding or the loss of electricity and gas. Each person had a personal emergency evacuation plan (PEEP) that gave clear guidance about how to safely evacuate people in the case of an emergency. Regular fire drills took place at the service. The effects on people in the event of an emergency would be minimised as staff would know how to respond.

Good

Is the service effective?

Our findings

People and relatives spoke positively about staff and told us they were skilled to meet people's needs. One person told us, "Staff know how to help me" and another person said, "Staff here are very good."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that they had received all the mandatory training. This training included safe management of medicines, safeguarding, moving and handling, fire awareness, first aid, food hygiene, health and safety, infection control, nutrition and hydration. Other training undertaken by staff included NVQ (now replaced with QCF) levels 2 and 3 in care, diabetes, equality and diversity and dementia. Training records we looked at corroborated what we were told. This showed us that staff received guidance and training related to the people they cared for which helped them to develop effective and particular skills. Staff were applying their training by delivering the effective care that people needed. Staff told us that training provided at the service was good and they were provided with regular updates.

Staff had undertaken induction training. One staff member told us, "I had a two week induction and I was shadowed working with another member of staff until I felt competent to work on my own." Staff told us they commenced the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Certificated workbooks were used by staff and these covered subjects such as safeguarding adults, basic life support, working in a person centred way and health and safety. We saw a completed workbook which a member of staff had completed.

Staff were provided with the opportunity to review and discuss their performance. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Notes from these supervisions were kept in the staff records. Staff also had annual appraisals.

Decisions were made in people's best interests and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 are called the Deprivation of Liberty Safeguards.

The manager ensured that where a specific decision needed to be made that an assessment of a person's capacity was undertaken if there was any reason to suspect they may not have capacity. Following this best interests meetings took place. We saw DoLS authorisation applications had been submitted and received by the local authority. For example, authorisation requests for the use of bedrails and lap straps for wheelchairs.

Staff told us they had received training in relation to the MCA and DoLS, we corroborated this in the staff training records. Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these. For example, one person wanted to go to the local shops to purchase some items. They informed staff and went to the shop returning with their purchases.

People told us they liked the food and that they always had enough to eat and drink. We noted throughout the day that people had hot and cold drinks of their choice. People were complimentary about the food provided and the choices of menus on offer. One person told us, "The food is very good. The chef will always make you something else if you did not like what was on offer." Another person told us, "The food is very good, almost too much at times."

The menu was available on the dining room tables and it displayed what food was on offer that day. There were two choices available for each meal. Alternative meals were provided if people did not like what was on offer, for example, various salads.

People's dietary needs and preferences were documented and known by the staff. The chef was very knowledgeable about each person's dietary needs. For example, they knew who required a soft diet. At lunchtime people were being offered choices of meals, portion sizes and drinks. Staff supported people who required one to one support with their eating, and prompted and encouraged people who were able to feed themselves. One member of staff supported a person by placing small amounts of food on a spoon and waiting for the person to eat this before offering more.

People were able to choose where to eat their meals and where they wanted to sit in the dining room. One person chose to have their meal in their bedroom. Staff brought in their meal and continued to make regular visits to make sure the person had all they wanted.

Staff identified risks to people regarding their eating and drinking. Nutritional assessments had been undertaken using the Malnutrition Universal Screening Tool (MUST). The MUST is a screening tool that identifies adults who could be at risk of malnutrition or obesity. We saw that input from external professionals had been arranged including a dietician and their advice had been followed to minimise these risks.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals including tissue viability nurses and physiotherapists when required. People told us they saw the GP whenever they needed to and they also saw other healthcare professionals and records confirmed these took place. One person told us, "When I first moved in I use to get very low. The doctor came in and changed my medicine and since then I have been much better." Another person told us, "A doctor will come out to you here."

Clear records in relation to people's healthcare needs were kept in people's care plans. These included GP visits, opticians, dentists and hospital appointments. These records were used to monitor people's health and to inform staff so care could be offered that was relevant and appropriate. Staff were aware when someone had seen a health care professional and what their latest advice was.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were complimentary about the caring nature of staff. People and relatives told us that the care was good and that it was delivered by kind and caring staff. One person told us, "Staff are excellent. They will do anything you ask." Another person told us, "The staff have a very good sense of humour, they need it." A third person told us, "Staff look after you from the time you get up. The staff are very attentive."

Relatives were appreciative of the care and attention provided to their family members. Relatives told us staff were approachable and always talked to them about their family member. One relative told us, "Every time I come in things are always good. My family member is well cared for and the place runs well." Another relative told us, "Staff are very kind. They know my family member well and they treat them with kindness and understanding." A third relative told us, "Carers are so patient. My family member chooses to spend most of their time in their bedroom. That is their choice but I know staff check on them at least every hour."

Staff were knowledgeable about the needs of people they looked after. For example, staff told us they read people's care plans and wrote daily notes about the activities people had undertaken. We were told that daily handover meetings took place where information about people was shared with staff. The staff were kept up to date with the changing needs of people, any healthcare appointments that had taken place and of how people had spent their time during the day.

Staff interaction with people was calm and relaxed. Staff were calling people by their preferred names as recorded in their care plans, and allowed people time to respond to their questions. Staff listened to what people had to say and responded appropriately. Staff responded to people's requests without delay and people were appreciative of this.

We observed staff interacting with people in a respectful way. On one occasion a person walked to a chair. They became distressed and started to cry. A member of staff immediately went and sat with the person and put a reassuring arm around them. They spoke to the person in a soft, calm voice. The member of staff remained sitting alongside the person until they had become settled. This showed that the member of staff knew about this person's needs and how to comfort them during these times.

Another member of staff approached a person who was sitting in a chair. The member of staff knelt down so as to enable eye contact and told the person that their lunch was ready. There was positive interaction between the person and member of staff, and the person made their own decisions about where to sit for their meal and who they wanted to sit with.

There was a culture of encouraging people to be independent by giving choices and allowing people to make decisions. People told us their independence was important to them. One person told us, "I like to stay in bed in my room. Staff try their best to get me up but they listen to me and respect my decision if I do not want to get up."

People's privacy and dignity was respected by staff. People told us staff respected them and that they were able to spend time on their own in their bedrooms if they wished to. Staff told us they always respected the privacy, dignity and confidentiality of people. Staff stated they asked people if they could go into their bedrooms. We observed that staff knocked on people's doors and waited for a response before they entered.

Staff told us that when they attended to people's personal care needs they ensured the bedroom doors were closed or locked so no one could walk in on them and curtains were drawn. A member of staff supported one person with their personal care needs in the privacy of the bathroom with the door closed and locked.

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in their care plans and their input was listened to and acted upon. One person told us, "I have been involved in my care planning. I have meetings with the manager and my family are fully involved." Another person told us, "I am involved in my care and staff take notice of what I say."

Care plans were personalised and detailed daily routines specific to each person. Care and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example, they included how the person wished their personal care needs to be attended to, their communication, night time routines, nutrition and how to maintain a safe environment. Each person had a summary of their care plan in their bedroom which provided guidance and information to staff who were attending to the personal care needs of people. These were working documents for staff. They also included information about bathing, showering, eating and drinking, what they liked to be called and likes and dislikes. Staff were knowledgeable about each person's plan of care. They were able to describe how they offered care that met people's choices and wishes. For example what time of day certain people preferred to have help with taking a bath.

We saw people and/or their relatives had signed their care plans to signify their involvement in writing them. We saw life story books had been written with people and these included things that had been important to them in their lives. These included information about their schools, family members and employment. These helped staff get to know people and engage them in conversation that mattered to each person.

Staff responded to people's needs on an individual basis. They knew the equipment that each person required to help them remain as independent as possible and they assisted them or reminded them to use this. People had call bells in their rooms and they were within easy reach. One person told us, "I have an alarm button that I press and staff come very quickly." We noted that call alarms were responded to in a timely way so people were not waiting long for support.

The environment was suited to the needs of people living with dementia. For example, plain coloured flooring and walls, large signs to indicate different rooms such as toilets, large clocks with digital time and dates visible and photographs of people on their bedroom doors. We saw that memory boxes were in place outside people's bedrooms. Staff told us they were to commence using these and they would be placing objects that people could remember using during their lives that could prompt discussions and reminiscence.

People were able to take part in meaningful activities. People told us they had plenty to do and activities were provided every morning and afternoon. One person told us, "Staff do games with you and I enjoy the quizzes." Another person told us, "We went to the village fair. I enjoyed the day." There were plenty of photographs of people taking part in different activities displayed at the service. Relatives were very positive about the activities provided.

Activities were displayed on a notice board and were in a picture format to help people see what was on offer. Activities took place both on and off site and were clearly advertised throughout the service. For example, tea on the local recreation ground, going to the local pub for lunches and visiting local fairs. People we spoke to confirmed that these activities took place.

People were supported to follow their interests and hobbies which protected people from the risk of isolation or loneliness. One person told us, "My husband was a garden designer and I love gardens. The owner found out about this and bought me some large pots. I have planted flowers and tomatoes." We saw these pots were full of flowers.

People and their relatives knew how to raise concerns and make complaints. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection and these had been thoroughly investigated and records of the investigations were maintained at the service. This demonstrated that the service was open to receiving complaints and concerns and would resolve them in the timescales set by the provider.

We saw the complaints procedure was displayed throughout the service. This included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should people not be satisfied with the outcome of the investigation of their complaint.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager at the service. The manager had applied to register but their application needed to be amended and re-submitted, which had yet to happen. There had not been a registered manager in post at the service since October 2014.

Failure to have a registered manager in post meant the provider was in breach of their conditions of registration, as detailed in Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

Staff knew how to report to management when accidents or incidents had occurred. These were then discussed at team meetings to see if anymore could be done to prevent these reoccurring. Records of accidents and incidents were maintained at the service and the manager undertook monthly audits to identify any trends and take action as required. For example, when people had up to four falls the manager made GP appointments so referrals to the falls clinic could be made for people.

The environment was clean and tidy and regular checks were undertaken to ensure the safety of the premises and equipment used at the service. For example, testing of the fire alarm systems.

The service had an extension built to accommodate an extra three people and to provide more space for people. For example, the lounge had been made bigger and the large garden had astro turf and a gazebo with comfortable seating and table. People used this area throughout our visit. The bedrooms all had en-suite facilities and were exceptionally clean. The provider told us this was part of their plans for the continued improvement to the quality of life for people.

The service had a positive culture that was person-centred, open, inclusive and empowering. People and relatives told us that the manager was always at the service and could be approached at any time. They told us that the manager was always walking about the service and talked to them every day. One person told us, "It is a very warm, friendly and homely place here." One relative told us, "I always get a warm welcome when I visit and the kettle is put on for a drink."

Staff told us that they felt supported by the manager and they enjoyed working at the service. One member of staff told us, "The manager has an open door policy and is always available." Staff told us that regular staff meetings took place which provided them with the opportunity to discuss the service, put forward ideas on how to improve and any other information pertaining to people. For example, one suggestion put forward was in relation to improve the activities at the service. From this meeting the service introduced the 'Activity Committee' who had the responsibility for talking to people and organising activities people wanted to do.

People and their relatives were involved in regular meetings at the service. We saw records of meetings that had taken place. Items discussed included how people felt they were cared for by staff, activities, menus and future works to be undertaken at the service. We noted at the end of one meeting people were asked if there was anything anyone would like to add to the meeting. It was recorded that one person said, "Thank you for

listening and for the care and respect shown to them." This was echoed by other people present at the meeting.

People, their relatives and other associated professionals had been asked for their views about the service. Annual surveys had been distributed in January 2016. Comments in these surveys were all positive about the care provided. Relatives had asked for better ways to communicate what was happening at the service. As a result of this the manager introduced a monthly newsletter that was sent to each relative. The information in the newsletter was very informative and included information about events taking place at the service, any changes to staff, birthday celebrations and activities due to take place.

The service was quality assured to check that a good quality of care was being provided. We saw regular audits had been undertaken by the manager. The provider attended the service and weekly meetings were held between the manager and the provider to monitor the quality and review that any actions to improve had been put into place. Monthly audits undertaken included care plans, risk assessments, health and safety audits and medicines. Identified issues had been acted on. For example, it was noted that the Medicine Administration Records had some omissions of staff signatures. The manager had addressed these and staff who had a repeat of this were prohibited from administering medicines until they had repeated their medicines training. The manager also monitored people's competency through observing staff when they administered medicines to people.

The provider held monthly board meetings where the service was discussed. The manager provided written monthly reports and attended the board meetings. Topics discussed included the building, repairs, staff and staff training, residents and menus. Any identified issues had been addressed. For example, there was an issue in relation to ivy growing outside on the external walls. This had prevented the building from being able to have cavity insulation. The ivy had since been removed and the insulating was accomplished.

The provider had a set of values and philosophy of care. Staff were knowledgeable about these and were able to state how they put them into practice. For example, "To provide a safe, caring environment, to promote the privacy and dignity of people and to attend to people's personal care needs in private." Staff did provide care in this way and they cared for people in a quiet and respectful manner, asking them for their views and attending to the requests made by people.

Policies and procedures were in place to support staff. These included management of medicines, safeguarding, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and nutrition and hydration. Staff told us they had read the policies and procedures that provided guidance to them in their roles.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The service did not have a registered manager for the provision of the regulated activity at the location.