

Fairmont Residential Limited

Elm Lodge

Inspection report

2 Yarnborough Hill
Oldswinford
Stourbridge
DY8 2EB

Tel: 01384394500
Website: www.fairmont-residential.com

Date of inspection visit:
21 January 2021

Date of publication:
04 March 2021

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

About the service

Elm Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Elm Lodge is a care home without nursing, which can accommodate three people. At the time of our inspection three people with learning difficulties were using the service.

People's experience of using this service and what we found

People and their relatives were not consistently involved in the review and development of care plans.

Relatives and professionals linked to the service told us that management were not consistently responding to issues in a timely manner.

Relatives and people told us they felt safe with the staff who supported them.

Staff had regular safeguarding training and knew about the different types of abuse. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place.

People received their medicines when they needed them. Staff were very knowledgeable about people's changing needs.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to

management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

Right support:

People were supported to be independent and have choice and control. There were systems in place to make sure their voices were heard.

Right care:

Care was delivered in a way which meant people's human rights were respected.

Right culture:

Elm Lodge were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisations visions and values which were centred around supporting people to live meaningful lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 04/06/2020 and this is the first inspection.

Why we inspected

We received concerns in relation the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Elm Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Elm Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager with the Care Quality Commission means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the provider, manager, senior care workers and care workers.

We looked at three people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included, accident and incident records, safeguarding, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "Abuse can happen in different ways such as physical, emotional, financial, neglect and institutional".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I observed abuse such as verbal or physical, I would take action to protect the victim and report to my manager, the police and local safeguarding team". Another staff member told us, "I would always inform the management however if I was unhappy with how the incident was handled, I would contact CQC, the local authority safeguarding team or the police".
- People and their relatives explained how staff maintained people's safety. A relative told us, "[Name of resident] gets on very well with their support carers. I have no concerns. I would say [Name of relative] is very safe and staff are very knowledgeable".

Assessing risk, safety monitoring and management

- The provider assessed risk from both people and the environment, these were managed through clear person-centred records.
- Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and clear instructions for staff to follow. For example, one person's care plan detailed instruction for staff to follow to reassure them when displaying distressing behaviour.
- Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "The consistent staffing has had a good impact on [Name of resident], they are settled now, they get on better with people they interact with regularly".
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines regularly. This was confirmed by relatives we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the acting manager for trends to reduce the number of accidents and incidents. For example, the number of physical interventions within the home were recorded to identify any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink. throughout the day, food was well presented, and people told us they enjoyed it.
- Peoples feedback about food was sought regularly by staff asking people and making observations. One relative told us, "They assist [Name of resident] with meals and encourage healthy options".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident that changes to people's health and well-being were communicated effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Pre-assessment care plans had been signed by people or their legally appointed representative confirming their consent to the care they received.

Staff support: induction, training, skills and experience

- People were confident staff had the skills and knowledge to meet their needs. One relative told us, "The staff have made an effort to learn techniques with [Name of resident]. The staff are skilled and knowledgeable."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "The training has been very good and informative. I feel I have the skills to meet the needs of the people we support"
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing a nationally recognised qualification, The Care Certificate. This covered all the areas considered mandatory for care staff.

Adapting service, design, and decoration to meet people's needs

- The premises provided people with choices about where they spent their time.
- We found that decoration around the home was clean and tidy and people were able to move around the home freely.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate.
- One relative told us, "They have made a real difference to [Name of resident] life, they are very settled recently, as a result we don't worry about them."

Supporting people to express their views and be involved in making decisions about their care

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "[Name of relative] makes their own decisions, they use cards [communication aid] to show the staff what they want." A staff member told us, "[Name of resident] will also use a tablet to communicate with us, they also use the device to choose music they want to listen to or videos they wish to watch."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found care plan reviews lacked involvement from people, their relatives and representatives. One relative told us, "I've never attended a review, it would be a good opportunity to review the progress [Name of resident] has made and if there are any changes we want to make." The acting manager stated they would improve care plans reviews and implement a structured review programme that would involve people and their relatives.
- Relatives told us that the provider did not respond to requests in a timely manner. For example, a relative informed us they had requested an artefact that had great importance for [Name and resident] and the family, to be placed in their relatives bedroom. This had been requested several times over a number of months and had still not been completed. We raised this with the acting manager and the issue was resolved after the inspection.
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as large print for people who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to take part in activities that they chose, both within the home and in the community. We observed people being supported to access the local park and participate in games and music activities within the home. People were supported to maintain contact with relatives during the Covid-19 pandemic, for example using electronic devices and phone calls.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service

provided a range of accessible ways to do this such as surveys and regular phone calls with the management.

- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- The service had not received any complaints however the provider had procedures in place to receive and respond to complaints.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service, management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have 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. We discussed this with the acting manager who confirmed they would submit an application to become the registered manager.
- We found safeguarding incidents were actioned and reported however we found a lack of analysis in relation to lessons learned. For example, we found there had been concerns in relation to inappropriate language used by staff members in the presence of people who use the service. We found the incident had been investigated however we found a lack of lessons learned being documented and the issues being discussed with staff members such as during supervision sessions.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Working in partnership with others

- We found the provider was not consistently working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately. For example, professionals linked told us the management were slow to respond to requests for information in relation to safeguarding incidents. We raised this with the acting manager who informed us they would address this issue.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "[Name of acting manager] is very approachable and listens to our concerns."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to

their needs and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives however this was not consistent.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The acting manager confirmed that an annual satisfaction survey will be issued to provide people with the opportunity to express a view about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "Since [Name of acting manager] started, everything is managed much better. The communication has improved, and I feel I have a voice."

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.