

St. Elmo Care Homes Limited

St Elmo Care Home

Inspection report

Gorley Road
Poulner
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Tel: 01425472922

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Elmo Care Home is a residential care home providing personal care to up to 23 people who may also be living with dementia. When we inspected there were 19 people living at the home.

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

People felt safe living at St Elmo Care Home and they were very much at the heart of the service. We received consistently positive feedback from people, their relatives and health care professionals about the care.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, there were a couple of unexplained gaps in staff's employment history.

Medicines administration records (MAR) generally confirmed people had received their medicines as prescribed. Records relating to the application of topical creams were not always completed fully and would benefit from containing additional information to support staff in understanding where and how much cream should be applied.

Risks to people and environmental risks has been assessed and planned for. Work was underway to improve the systems in place to assess and identify risks relating to the management of legionella within the service.

Staff working at St Elmo Care Home understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff received frequent support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

People received high quality end of life care by a team of staff that were passionate about providing quality care during people's final days.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and relatives were very positive about the management in the home.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

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.

St Elmo Care Home met the characteristics of Good in some areas and of Requires Improvement in one area. Overall, we have rated the service as Good.

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

Rating at last inspection

The last rating for this service was requires improvement (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 well-led.

Details are in our well-Led findings below.

Good 

St Elmo Care Home

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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

St Elmo Care Home 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 had a manager registered with the Care Quality Commission. This 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 since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, activity

coordinator, care staff and the cook.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and quality assurance records. We spoke with two health care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and their relatives all felt that there were enough staff to keep people safe. One relative told us, "Lovely always have two staff to look after him and walk with him". Another relative said, "I feel enough staff".
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references 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. However, there were two staff files of unexplained gaps in staff employment history that had been overlooked. We spoke to the registered manager who spoke to the staff concerned and updated their records.
- When required the service sometimes used agency staff to support people living at the home. The registered manager told us they tried to use the same agency staff, so people had continuity of staff. However, two agencies staff had been used without the appropriate training in place. For example, one agency staff member, had only completed training on medicines. The other agency carer had not completed safeguarding or manual handling training. They had only been used by the provider on one occasion and the registered manager told us, they would ensure more thorough checks on agency staff training to ensure they were safe to use and would not use those agency staff members again until they had completed their full training.

Using medicines safely

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given.
- Medicines were administered in a safe and respectful manner and staff, supporting people to take their medicines, did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

- Records relating to the application of topical creams were not always completed fully and did not contain sufficient information to support staff in understanding where and how much cream should be applied. We brought this to attention of the registered manager who informed us they would act and speak to staff.

Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, personal care and the maintenance of skin integrity.
- We observed care staff enabling people to transfer safely from a seated position to a standing position or the reverse. Staff were using appropriate moving and assisting methods, placing walking aids in safe positions for people to use, avoiding risks and providing sensitive guidance.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.
- Work was underway to improve the systems in place to assess and identify risks relating to the management of legionella within the service. This included arranging for the legionella risk assessment to be updated and taking remedial actions to address some positive samples of legionella in parts of the water system.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I have quite a good relationship with staff I feel safe with them". Relatives all thought their family members were very safe. One relative said, "I moved mum here, so I could keep an eye on her. But I don't need to worry, and staff inform me of everything and I would trust all the staff with my mum. I could go away for a whole year and know she's alright, I trust them completely". Another relative told us, "Well managed, I feel she is safe here". A third relative said, "Feel he is safe, much safer than with me".
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.
- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- People benefited from staff that understood and were confident about using whistleblowing procedures. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Preventing and controlling infection

- Staff were trained and demonstrated a good understanding of infection control procedures.
- People told us they were happy with the cleanliness of the home.
- Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- There was an infection control lead in place who monitored staff and areas of the home by observations and regular audits.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also

meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes. The care plans described people's needs in a range of areas including personal care, and daily living activities.
- Records showed one person could at times show behaviour that challenged. While these incidents had been recorded and appropriate advice sought. Their care plan did not contain much information on how staff should support the person and manage their behaviours. The manager has assured us that this will be addressed.
- Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people.

Staff support: induction, training, skills and experience

- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities. Staff praised the training provided.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "Regular supervision and I feel supported and sometimes the manager will work with us on the floor".

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

- People told us they enjoyed the food. One person said, "Excellent food". A relative told us, "I had a meal with him once which was nice. Encouraged to feed himself with food which I think is good". Another relative told us, "Food all freshly cooked with seasonal vegetables".

- When we visited the service, it was a hot day and the activity coordinator had made various mocktails and was encouraging people to drink. People seemed to enjoy these drinks and fluids were offered regularly throughout the inspection.
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.
- We spoke with one of the cooks who was passionate about their role. They were aware of people's dietary needs and preferences. They told us if people did not want what was on the menu an alternative would be offered.

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

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable. One person told us, "I'm quite comfortable here". A relative said, "Room nice and tidy, always seems to be clean, never seen any rubbish".
- People's rooms were personalised with their personal belongings.
- There were signs around the home to aid people living with dementia, however the environment could be improved on to make the home more dementia friendly. The registered manager was aware of the environment for people living with dementia and how to evoke memories, to enhance the experience of people living at the home. There were plans to improve the garden area with planned seating and a patio area shortly after the inspection.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists. A relative told us, "Once mum's blood pressure was low and they called out the doctor and all recorded in her records". Another relative said, "Mum's been here three and a half years any problems they get a doctor in".
- The service had worked closely with the Clinical Commissioning Group (CCG) to introduce RESTORE2, a nationally recognised early warning system for services to identify a physical deterioration in people and escalate this quickly to healthcare professionals.
- We spoke with a health professional who told us, "[Registered managers name] is continuously looking at ways of improving the health of her residents. She is currently part of a droplet cup pilot. The aim of the cup is to support residents to increase their fluid intake. By using RESTORE2 the home is able to identify residents who are showing signs of deterioration and able to act quickly either by admittance to hospital or treatment in their home".

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- All the people we spoke with told us staff were caring and they were treated with compassion and respect. One person told us, "Staff go overboard to help us. I wouldn't want to move". Another person said, "Staff quite helpful, you ask for something they do their best to do it".
- Relatives told us all the staff were very caring. One relative told us, "Care provided here I wouldn't swap it for twice the price, staff very caring". Another relative said, "I would describe all the staff including the [registered managers name], even the cleaners they are like angels with wings. I would stay here myself". Another relative said, "Staff are here to help nothing seems to be too much trouble". Other comments included, "All very, very caring, been here all different days and times", and "Staff are very friendly and kind".
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- Staff organised their day flexibly around people's needs and wishes. They checked regularly on each person and listened attentively to what they had to say.

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

- People's care records included information about their personal circumstances and how they wished to be supported.
- There were no restrictions to visiting and the overall ethos from the registered manager and their staff members was one of a welcoming and inclusive nature. This was confirmed by a relative telling us, "We can come in whenever we want all the staff are very welcoming all very helpful. Always offered a cup of tea or coffee, just like in a hotel. I like being in the home staff bend over backwards and treat her like their own family, staff are superb". Another relative said, "Home only as good as the staff, can't praise them enough. Given me piece of mind can come at any time 24 hours a day". The registered manager told us, "We are an open care home if they want to come at three in the morning not a problem".

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity. One relative told us, "One person will get confused and staff will just come along talk calmly and divert and never get angry".

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People and their relatives were happy with the care and activities provided. One person told us, "I'm happy here. Activities going on, all sort of things to do if you want to". A relative said, "He seems to have settled in well. Activities, joins in keep fit using his joints, have a lady come in and does painting. They had an open day with animals, do it every year, [relatives name] held a chicken and bottle fed a goat and enjoyed that". Another relative said, "Life is so much better here than at home. Here all lovely, always something going on. Just a wonderful place".
- We spoke with the activity coordinator about planned activities they told us, "We do puzzles, memory games, cards reminiscence, a lot of sensory work. Singers in once a week, and fitness and arts and crafts".
- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.
- People and their relatives were happy with staff knowing what care they needed, and everyone identified that they had been involved in their care plans and that reviews had focused on their individual needs. One relative told us, "Care plan marvellous here, will change it if needed, I know what's in it". Another relative said, "I'm involved in reviews of care for my mum, I always come".

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.

- The registered manager was able to demonstrate how they ensured information was accessible for all people using the service.

End of life care and support

- The provider had the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The

Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This helped to ensure that staff were equipped with up to date skills and knowledge in end of life care.

- Staff worked closely with a range of healthcare professionals to ensure that people received a pain free and dignified death. A health professional told us, "The home work hard to obtain and maintain their GSF, which ensures residents receive high quality end of life care".
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.
- Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- The service had produced a 'remember me' folder which was kept in reception for staff and visitors to read with a photo of a person who has passed away and details about them, so they were not forgotten.
- The provider had produced several small information leaflets including, information on the GSF and caring for someone at end of life.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would know how to make a complaint. We saw many compliments about the service and staff, especially in relation to end of life care.
- The complaints policy was displayed in the entrance to the home. There had been no recent complaints about the service. The provider had a complaints policy and procedure in place which detailed the timeframes within which complaints would be acknowledged and investigated.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives felt the service was well led. One relative told us, "[Registered managers name] will always say what do you think of this. Slightest thing will let me know, very open". Another relative said, "Can't think of a bad thing to say. Really happy couldn't be more so". A third relative told us, "I would recommend this home to everybody, think they are marvellous has a great reputation".
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives felt the registered manager was a good role model. One relative told us, "I tell people this place is wonderful, they know how to look after you here. [registered managers name] really nice will come and see us and have a chat, very caring, has to be run well at the top to get it all right and that is what makes staff happy here". Another relative said, "[registered managers name] is lovely".
- A health professional told us, "The home is a small home and the manager engages with other professionals to ensure that she keeps herself and staff up to date. The manager and staff regularly attend CCG training events and are keen to keep up with what's happening locally. The manager always puts the residents at the centre".
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walks around the home.
- A health professional told us how the registered manager and staff used reflective practice to aid learning and improve quality. They told us, "They use falls huddles for learning, the huddles involve all staff who were on duty at the time of the falls, staff reflect on whether the residents fall could have been avoided and if so, what measures do staff have to put in place to avoid a further fall".

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

- Staff were positive about the support they received from the registered manager and management within the service.
- Meetings were held with people and their relatives to ensure everyone was kept informed about what was

happening in the service and to ask for their views and suggestions. The registered manager told us, "Not many people turned up before so the last meeting we held a BBQ as well to get people in and changed the format. Spoke about DoLS as had lots of questions and funding, all finished with a nice BBQ".

- The provider sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. The feedback from the latest survey showed people were very satisfied with the service and the care provided.
- The provider also produced a quarterly newsletter to keep people informed of upcoming events and to celebrate achievements.
- Staff felt supported by management. One staff member told us, "The management here are brilliant I can ask for anything and I get it. If a training course I want to do I can do".
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.

Working in partnership with others

- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team.
- A health professional gave us an example on how the registered manager worked in partnership with others and told us, "[Registered managers name] attends my manager/ partnerships meetings and is always happy to be involved in pilots that will improve residents care. I approached the home to be part of a skin tear project which they agreed to. The skin tear project supports the home to apply the first line dressing to the skin tear. As care homes already do first aid and apply a dressing we have worked with the home to apply a dressing and complete a skin tear huddle which they share with the District Nurse and the Nurse Facilitator. This means that the resident does not have to endure another dressing change or wait for a district nurse". The registered manager told us, "Since we have done the skin huddles and extra training on skin tears it had greatly reduced the skin tears in the home".

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 notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.