Norwood

The Elms

Inspection report

Ravenswood Village
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The Elms is a care home without nursing which is registered to provide a service for up to ten people with learning disabilities and some with physical disabilities. Some people had other associated difficulties such as being on the autistic spectrum. There were eight people living in the service with one in hospital on the day of the visit. All accommodation is provided within a detached two story building within a village style development.

At the last inspection on 7 January 2016 the service was rated Good overall.

This unannounced inspection took place on 9 April 2018. At this inspection we found the service remained Good overall. However, we noted that care plans were not always completely up to date and reviews including risk assessments had not been undertaken to the required frequency. As a result the responsive domain has been rated Requires Improvement.

Why the service is rated Good overall:

There is a registered manager running the service. 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's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them.

There were enough staff on duty at most times to meet people's diverse, individual needs safely. The service had a stable staff team. The service had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

People were encouraged to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practise.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with some activities, according to their needs, abilities,

health and preferences. Care plans had not been reviewed by management for some time. Some care plans did not contain the most up to date information and records indicated that some risk assessments were not always reviewed within stated timescales.

The registered manager was well regarded and respected. The quality of care the service provided continued to be reviewed and improved, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? Care plans did not always contain the most up to date information and some documentation was not reviewed according to required timescales.	**Requires Improvement**
Is the service well-led? The service remains Good	**Good**

The Elms

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 was unannounced and took place on 9 April 2018. It was completed by one inspector.

The provider sent us a provider information return. This document provided key information about the service, what the service does well and improvements they plan to make in advance of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for three people who live in the service. This included care plans, daily notes and other documentation, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with all the people who live in the home. Some people had limited verbal communication but were able to express their views by facial expression and body language. We spoke with four staff members, the registered manager, an assistant manager and the operations manager in private. Whilst on the inspection visit we spoke in private with two visiting professionals. We requested information from a range of other professionals, family members and staff. We received five responses from family members. In addition, we received written feedback from three staff members and four health/social care professionals.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been one safeguarding issue in the previous 12 months. This had been appropriately dealt with.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and challenging behaviour. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours. The local authority commissioning support team advised us, "There are no known concerns re; The Elms."

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk or the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. There had been two medicine administration errors reported in the previous 12 months. Neither had resulted in any harm to people and both had been appropriately investigated and action such as additional staff training had been undertaken. The supplying pharmacy had completed a medicines audit in March 2017 where no significant recommendations were made. We noted from the staff training record that the majority of staff who were medicines administrators were up to date with their medicines training. There was only one that was overdue by one month for E.learning refresher training.

The service continued to provide enough staff to meet people's needs and keep them safe. There were, generally, a minimum of six staff during the morning which dropped to five staff in the afternoon and

evening. There were two waking night staff on duty each night. We were told that additional hours had been allocated in order to support the increased needs of one person. As a result a review of the shift pattern was in progress. This was confirmed in the latest staff meeting minutes. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours and bank staff, as necessary. There was an occasion recently where the service was covered during the day by only four members of staff. Staff reported that it could be difficult to get additional staffing at weekends when short notice absence occurred. The registered manager undertook to investigate this occurrence to ensure that any future potential situation could be avoided. The service sometimes used agency staff but always tried to use workers who knew and were known to the people using the service.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff new to the service who confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

A visiting professional sent us information which included, "My service user's needs are being met and I have no concerns or issues at present." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. This was confirmed in discussion with a recently recruited member of staff. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism. This meant staff could provide better care to people who use the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were supported with their health care needs. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. Community professionals felt the service worked well across organisations to deliver effective care, support and treatment. We spoke to two health care professionals in person during our visit. One commented when asked their view of whether people had their health needs met, "Yes they are very pro-active. The staff will often go the extra mile." We received written feedback from another which was, "The home staff were obviously aware of the need to get investigations done quickly and acted on their resident's behalf appropriately when making contact with hospital services."

Staff received formal supervision every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available resource which was confirmed by the staff we spoke with. Staff confirmed they had regular supervision and said they generally felt supported by their manager and the assistants. They felt they could go to the registered manager at any time if they had something they wanted to discuss.

People were involved in choosing menus as far as they were able. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included a soft diet, food suitable for identified choking risks and weight management meal plans. The service was in the process of seeking the advice of dietitians with regard to the menu's to ensure that the most appropriate food for individuals was offered. In addition, the advice of speech and language therapists was sought, as necessary. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly consulted with people on

what type of food they preferred and ensured healthy foods were available to meet peoples' diverse needs and preferences. One family member did say that they thought more healthy options should be available and they had advised the management staff of this previously.

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs and was well maintained. We noted that there were plans for some redecoration of communal areas and re-flooring. The service had adaptations/facilities to meet the needs of people. Examples included, an overhead hoist, a lowered bed and assisted baths. On-going audits of the premises identified maintenance issues and/or re-decoration work that needed to be carried out.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. One community professional told us, "Yes – there is always a best interest meeting for my service user on any decisions in her best interest."

Good

Is the service caring?

Our findings

The Elms continued to provide a caring service.

People were supported by a dedicated and caring staff team who knew them well. People indicated by smiling or by their demeanour that they liked living in the home. People were seen to be comfortable and confident in staff presence. Five family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. A visiting professional told us, "Staff always have information to hand and are knowledgeable about their clients. There is always a nice atmosphere and I have never had any cause for concern." Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. People were supported to make as many decisions and choices as they could. People had communication plans to ensure staff understood them and they understood staff. The plans described how people made their feelings known and how they displayed choices, emotions and state of well-being. Following some recent hospital investigations a health care professional told us, "They were excellent advocates for their resident, making sure that her feelings and wishes were heard and respected."

People's identified methods of communication were used so that staff could interpret how people felt about the care they were receiving and the service. The registered manager told us that as part of a provider initiative he was exploring more detailed and effective ways for people to provide feedback about the care they received. People were treated with respect and their privacy and dignity was promoted. Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept in the two offices and were not left in public areas of the service. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Requires Improvement

Is the service responsive?

Our findings

Whilst the service was mostly responsive to the care and support people needed information was not always updated speedily and care plan audits were not undertaken by the manager.

We observed the staff team recognising and responding to people's requests or body language and behaviour when they needed assistance.

The service continued to complete a full assessment of the person prior to them moving into the service. There had not been any new admissions for some considerable time. The service responded to changing needs such as behaviour or well-being and recorded those changes. One community health professional told us, "Staff ask for advice when required and always follow the plan implemented well and communicate well when updating". Another visiting health professional who had provided guidance in respect of one person's personal care needs told us that they noted the relevant guidance had not been updated on a subsequent visit. However, it was updated immediately once this was pointed out. Support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary.

We noted from the care plans seen that all the information available was not always immediately accessible. For example the most up to date speech and language therapy report for one person had been stapled into the communication book. This was to alert staff to the most up to date guidelines in respect of a known choking risk. However, this report had been completed four months prior to the inspection visit and remained in the communication book. This original document had not been transferred to the care plan (called working file). There was a potential for staff to not follow the most up to date guidelines putting the person at risk. We saw other specific risk assessment documentation which was subject to three monthly reviews by the registered manager. This had been implemented in August 2017 and there was no evidence of any reviews since. We raised this with the operations manager who undertook to follow this up with the registered manager.

People's care remained person centred and other care plans seen were detailed and personalised. With the exception of the example above care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The operations manager and the registered manager were made aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished in the process of documenting the communication needs of people but must check that this is done in a way that meets the criteria of the standard.

The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went

to organised day care activities according to their needs with staff accompaniment, as necessary. We were advised by some staff and a family member that activities provided were minimal with little opportunity for outings or day trips. We spoke with the operations manager who advised that this was a piece of work in progress with the home to explore imaginative ways of enabling people to experience outside activities.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that no complaints had been made about the service during the previous 12 months. We saw six compliments about the service from relatives who were clearly very appreciative of the care provided.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were mostly up to date, fully completed and kept confidential where required.

The service was monitored and assessed by the registered manager, the assistant managers, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Annual service action plans had been developed by the management and had been formulated from listening to people and staff and from the formal auditing processes. We noted from the last provider audit conducted in February 2018 that care plan audits were not being undertaken and this was an action brought forward on to the newly introduced continuous improvement plan.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. A recent initiative to engage family members more effectively had been successful. People's views and opinions were recorded in their reviews. Staff meetings were held regularly and minutes were kept. One professional told us, "Yes the service is well managed and I am well informed of any incidents." Another visiting professional told us that, "The management team were well informed and knew people very well. They were always prepared to listen and take advice."

The service continued to ensure people's records were detailed however, the information available was not always the most up-to-date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as health and safety and maintenance records were accurate and up-to-date.