Saint Elkas Limited

Saint Elkas Care Home

Inspection report

75 Hill Top
Bolsover
Chesterfield
Derbyshire
S44 6NJ

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 29 September 2015 and it was unannounced.

Saint Elkas Care Home provides care and support for people with mental health needs. The home is registered to accommodate up to eight people. At the time of our inspection eight people were living there.

There was a registered manager in place. 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 told us they felt safe and were protected from the risk of abuse or avoidable harm. There were sufficient numbers of staff employed to meet people's needs on a day to day basis.

Summary of findings

Staff were knowledgeable about the people who used the service and were aware of their roles and responsibilities. They had the skills, knowledge, experience and training required to support the people who lived in the home. Care staff provided appropriate support to encourage people to be independent and supported them when they felt anxious. Activities outside of the home were promoted. The service was very effective in promoting people's independence and confidence.

Care and support was delivered to people in a way that met their individual needs. People were encouraged to make choices about their daily living. While being supported with their dietary needs they were also encouraged to make their own choices about meals.

Records for staff recruitment were in place and staff had been recruited in an appropriate way.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) 2008 were known and understood by staff, although at the time of our inspection no-one lacked capacity to make their own decisions. Staff asked for people's consent and acted in accordance with their wishes.

Medicines were managed in a safe and appropriate way.

Relatives were encouraged and made welcome in the home. We saw that the registered manager had a high profile in the service and people felt they could approach them with any concerns. There was an effective quality assurance system in place which acted on people's views about the quality of their care and monitored the service being provided.

Summary of findings

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.

Systems were in place to help ensure that people were protected from the risk of abuse and avoidable harm.

There were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs and they undertook training to ensure that they were able to undertake their roles and responsibilities effectively.

People were supported to eat and drink a balanced diet. People were supported with their health care needs.

Good

Is the service caring?
The service was caring.

There was good communication between staff and the people who used the service. Staff were kind and compassionate.

Staff were respectful of people's privacy and dignity.

People were encouraged to be as independent as possible in making their own decisions and choices.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about the people that they provided support for, including their interests and preferences.

Staff supported people to access the community and maintain their independence.

Care was delivered in an individualised manner.

Good

Is the service well-led?
The service was well-led.

Staff were supported by the registered manager. All staff were aware of their responsibilities.

There was open communication within the staff team and with people.

Effective, in depth, quality audit checks were undertaken twice a year.

Good

Saint Elkas Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 29 September 2015 and was unannounced. It was undertaken by one inspector.

Before the inspection visit we reviewed the information we held about the service, including any notifications we had received from the provider. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with the registered manager, a senior care worker and three people who used the service. Following the inspection we spoke with two relatives and two professionals who have regular contact with the service.

We looked at care plans for three people, two staff files and training records. We looked at two of the quality audits that had been undertaken, and various policies and proced

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us that this was the safest place they had ever lived. Another person told us they, "Always feel safe". One person told us that their relative was much safer there than in any place they had lived before. We saw that the home was proactive in recognising what the risks were to people. For example one person was going out for the day and they reminded them to take a sandwich as they needed this to maintain their health and well-being throughout the day.

The staff demonstrated that they were able to identify concerns and were clear that they were responsible for people's safety. The staff we spoke with understood the signs of abuse and what they would do if they recognised it, including informing their supervisor or manager. If they had to escalate concerns they knew who to contact. The registered manager was aware of their responsibilities in promoting the safety of people and our records showed that incidents had been reported to the CQC and local authority appropriately. We spoke with staff about how they managed behaviour that was challenging and might put individuals at risk. They told us that they would talk to the person to de-escalate the situation and then give them space to become calmer. People confirmed that this was what happened.

Staff had received training in safeguarding and policies and procedures were available to support this. Policies and procedures regarding safeguarding were linked to the local authority procedures

Risk assessments in care records were personalised. All areas of risk for individuals were identified and planned for. These included what to do if someone became anxious and how to protect them from self harm as well as protecting other people around them. When we spoke with staff they were aware of the risks of challenging behaviour in the home and knew how to de-escalate this to keep people safe. Information that staff learned about people over significant periods of time was used to support them in managing their challenging behaviour themselves. This meant that the likelihood of harm to people was reduced on an ongoing basis.

People told us they thought there were enough staff on duty to meet their needs. We saw that there were enough staff on duty to meet people's requests for assistance and these were responded to in a timely manner. There were always at least two staff on duty during the day time (including the registered manager) this increased to three during some parts of the day. There was one staff member on duty at night. There were appropriate systems in place for the member of staff on duty at night to call for assistance if required. However, we felt that, during the day time, if one member of staff was out with people, the remaining member of staff would find it difficult to effectively manage any untoward occurrence. When we discussed this with the registered manager they told us that they lived close by and were available to respond in the event that this was required. Other staff were prepared to do this also.

There was a recruitment process in place to ensure that staff who worked in the home were of good character and were suitable to work with people who needed to be protected from harm or abuse. We saw that recruitment processes had included all the relevant checks and references and that Disclosure and Barring Services (DBS) checks had been undertaken.

Medicines were administered by a senior member of staff who had been trained to do this and their competency was checked on a regular basis. People were given their medicines appropriately. Medication administration charts (MAR) were completed in full. These were reconciled with the amount of medicines still available. Guidelines were in place to ensure that if people required medicine for pain this was given. People received their medicines as prescribed.

We saw that if a person refused their medicines that they were encouraged to take it but staff told us that if this failed they would contact the local GP. One person told us how they had been supported to change the way that they received their medicine so that it was more effective and we saw that medicine support plans were in place for all people. We saw that the way that people were supported to take their medicines was safe and effective.

Good

Is the service effective?

Our findings

People told us that they felt well supported on a daily basis and felt very happy in the home because of this. Our observations supported this view. One person told us that the staff always supported them to make their decisions and didn't tell them what to do. Another person told us that they had moved many times to different care settings until they came to this home and now they felt settled.

Staff had received training so that they could care for people well. We saw that staff were skilled in the way that they interacted with the people who lived in the home. New staff had an appropriate induction period where they were supported by more experienced staff. They shadowed initially before they were working with people alone. Staff training included safeguarding, hygiene, nutrition and the Mental Health Act.

A review of records and discussions with staff showed that they had the appropriate support to care for people in the home. They received regular supervisions and appraisals to enable them to carry out their role effectively. Staff told us that they had formal supervision on a regular basis but could talk to their manager at any time for advice or support.

Staff were aware of how to protect people's rights. We saw that people were able to make choices about their day to day activities but that staff offered support and advice appropriately. One example of this was a person who wanted to visit the local town for shopping and to visit a coffee shop. This was supported by the staff and someone accompanied them.

At the time of our visit no-one in the home lacked the capacity to consent to their care or treatment but the staff were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation ensures that should a person lack capacity and require assistance to make certain decisions they receive appropriate support and are not subject to unauthorised restrictions in how they live their lives.

People told us that they enjoyed their food and that there was always a choice available. People chose their breakfast and lunch on a daily basis from what was available in the cupboards and fridge. There was plenty of food and a good choice, including fresh bread, fruit and vegetables. People were supported in the preparation of meals if this was required. Staff always ate lunch with people so that they could monitor they were having a balanced diet. The late afternoon meal was chosen by people at a weekly coffee meeting. Most people ate the same thing but if this was not liked then there were always other choices available. People cooked for themselves with the support of staff. We also saw that snacks were plentiful and that anyone could help themselves to what they wanted during the day. A lower calorie menu was provided for one person who wanted to lose weight and they were encouraged to follow this.

We observed good interactions between staff and people over lunch time. Staff ensured that lunch was a social occasion. Most people chose to eat their lunch in the kitchen and some people went out into the local town.

Care staff were skilled in recognising when people required health care and were pro-active in ensuring that these needs were met. People were able to visit health appointments independently but staff told us that when they required support to do this they were available. We saw that people's physical and mental health needs were promoted and we saw positive feedback to the home from local services. People had access to dentists, opticians and GP's. We also saw that they had access to, and were supported by, the local Community Mental Health Team. This included Community Psychiatric Nurses and a Psychiatrist.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that they were well cared for and that the staff were very kind. One person told us that the staff were always supporting and encouraging them but had appropriate boundaries when this was required. One person said, “They treat us as adults”. Another person said, “They always look after me”. We saw that when staff interacted with people this was always done with respect and that people were encouraged to enter into conversations. We saw that staff listened to people using positive body language as well as the spoken word. One relative we spoke with told us that their family member was, “So much happier” since they had lived at the home, and, “The care’s lovely”. Another person told us, “They don’t favour anybody, you get treated as you”.

The staff we spoke with were knowledgeable about the people they supported and what was important to them. We saw that staff focussed on the person rather than the task they might be undertaking. We observed interactions that were kind and gentle. We also observed interactions between staff and people which were jovial and jolly, when this was appropriate. Staff told us that they always got to know a person by talking and listening to them so that they could support them in what they wanted to do. People told us that they felt listened to and that they felt respected. One member of staff said, “We pride ourselves on one to one time”.

People told us that they made their own decisions and only asked for advice if they wanted it. They also told us that if staff felt they required guidance they would offer it. One person said they would, “Never tell us what to do”. People told us that when they first came into the home that they were asked how they would like to be looked after and we saw that this was evidenced in their care plan. Relatives told us that they were involved in the care and support of their family member when this was appropriate. The care plans identified whether people wanted their families to be contacted or not. This meant that people were involved in planning their care and support and staff acted in accordance with their wishes.

People’s privacy and dignity was respected and promoted. People could choose whether to have locks on their bedroom doors or not. They were supported to be in control of administration of their own medicines when this was possible, which promoted their dignity and independence. We saw care staff knocking on bedroom doors before entering. Care staff respected people’s rights to privacy and provided support in a way that maintained their dignity. For example, people had notices they could put on their bedroom door if they did not want to be disturbed. Also, people were given the opportunity to be supported to vote in local and parliamentary elections if they wished. This meant that the staff understood the need for privacy and autonomy for individuals and this was promoted.

Good

Is the service responsive?

Our findings

People's views about how they liked to live their lives were respected and they told us that they liked living there. One person told us that if they felt frustrated about anything they could go to a member of staff and talk things through and that the staff were really supportive when you needed it. We saw that people were encouraged to make their own arrangements for the day but that, when they needed assistance, this was supported by staff. For example, two people wanted to go shopping in the local town and a member of staff supported them.

People were supported to follow their own interests and the provider was flexible in the kind of activities they could supported with. For example, various places outside of the home had been visited including visits to a wildlife park, access to craft activities and practising their faith. People could also go to a local caravan park in Skegness where the provider owned a caravan. They were supported to do this for short breaks, accompanied by a member of staff. One person showed us the garden and greenhouse that they tended, as well as a rabbit that they cared for.

There were different communal areas for people to use and there was a television in both sitting rooms. This was so that people could exercise their choice about what they watched and about what time they watched it.

One person told us how a member of staff had responded to their anxiety by allowing them to carry out an activity independently while watching and monitoring quietly and staying in the background. A member of staff told us how they empowered people to, "Make their own decisions" by talking with them about any potential risks and how to avoid these. One relative told us how their family member had grown in confidence since living in the home and how they had been given time and encouragement to interact in social activities. This showed that staff were responding to people's needs as and when they occurred to enable them to be more socially included.

One professional told us that the staff were, "Very responsive to variations in mood" and that the home engaged people in a variety of community activities. They also told us staff had been very proactive in contacting them about particular issues and that they had seen people "Transformed" after living in the home.

We saw information and tools used by people in the home to manage their own low moods. These had been devised by a member of staff and were innovative and empowering. People told us that these were really effective in making them feel more comfortable. Staff told us they used reasoning to encourage people to be independent and make decisions for themselves. This showed that staff were responding to the needs of people in managing their own mental health needs. One relative confirmed how much their family member had improved since moving into the home and that they thought this was due to the way in which staff had worked with them.

People were encouraged to be involved in the decision making in the home and staff promoted their independence. This meant that the home was responding to people's changing wants and needs, even when their wishes changed. Professionals told us that the care and support was person centred and inclusive.

Weekly meetings were held where people were invited to have discussions with staff and the registered manager about what they wanted in the home. In these meetings the meaning of the word advocacy was discussed and what it meant for the people that lived there. Minutes of meetings corroborated this. This showed that staff were actively educating people and empowering them to make decisions and contribute to the service.

There was a complaints system in place and details on how to make a complaint were available. However, no complaints had been received since the last inspection. We saw that there were comments sheets in the communal hallway so that people could make observations about the home when they wanted to. If they wanted to do this in private people told us that they were able to talk to the registered manager or their key worker at any time.

Good

Is the service well-led?

Our findings

We found that the home had a welcoming atmosphere and feedback from people, including relatives and professionals, was very positive. They also told us that the home had a good reputation in the area and they often thought of it first when they wanted to support someone to move into this kind of environment. The registered manager was well known to the people who lived there and people told us that they were very confident in approaching them if they had any concerns.

The provider demonstrated good management and leadership. People told us they thought that the home was well- led. Staff told us that they felt supported and could approach the registered manager, in confidence, about anything they wanted to discuss. One member of staff told us that "inclusion" was promoted in the home and we saw this in practise on the day we visited. An example of this was when people were talking about a forthcoming birthday celebration and everyone was encouraged to attend. Staff always took lunch with the people living in the home which encouraged a homely environment.

The provider gathered people's opinions to check that they were happy with the quality of their care. Quality assurance questionnaires were given to the people and their comments acted upon where this was possible. Where it was not possible reasons for this were explained. This meant people were involved in the running of the service and had opportunities to provide their views about the quality of care being received.

We saw that care plans provided staff with very clear guidance and information on how to enable them to support people appropriately and safely. These helped staff to understand people's needs. Staff were aware of their responsibilities on a day to day basis. They all promoted people's independence and monitored the well-being of the people who lived in the home.

We saw that the provider worked in partnership with health organisations to support the positive mental wellbeing of people. One professional told us that they were, "Impressed with their commitment and how they interacted with them". Also, that they follow up the recommendations of the mental health team when people have been for outpatient appointments.

The provider had an effective quality monitoring system in place and this was used to drive improvements in the care of people. A six monthly audit of the home was undertaken covering areas such as the cleanliness and hygiene of the home, the food provision and the atmosphere in the home. These audits included what action they expected the staff to take over the following six months to ensure that quality in the home was raised. This information was then displayed in the home for people to see. This ensured that the quality of the care in the home was constantly monitored and action was taken to make improvements that might be required. It also meant that the whole process was transparent as the information was available to everyone.

Accidents and incidents were recorded and the appropriate relevant authorities notified.