

Elmcroft Care Home Limited

# Elmcroft Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Elmcroft Care Home provides accommodation, personal care and nursing care for up to 54 people. The service is split across two units, both of which support people who may have nursing and dementia related needs. At the time of the inspection, 40 people were living at the service.

People's experience of using this service:

The service kept people safe from harm. Staff understood their responsibilities to protect people from harm and were confident about how to raise concerns in line with the provider's safeguarding and whistleblowing policies.

Risks to people's daily lives had been assessed and measures were in place to prevent avoidable harm and ensure people's freedom was supported and respected.

The service had a process in place for recording, monitoring and analysing accidents and incidents and action had been taken to mitigate the risk of reoccurrence.

Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff were well-trained and worked together as an effective team. Records confirmed staff had access to regular supervision sessions and received annual appraisals.

New members of staff were introduced to the service through an induction programme to ensure that they had acquired the necessary skills to care for people.

Staff supported people to maintain a healthy diet and to access drinks and snacks throughout the day.

The overall environment was not well adapted to people living with dementia or those with sight impairments. The provider had an on-going improvement plan in progress to address this. We made a recommendation that the service looks at good practice guidance and environments for people with dementia.

People were supported to make choices and no unnecessarily restrictive practices were in place.

People received individualised care and support from staff who were kind and patient. They knew people well and understood their choices, likes and dislikes and were committed to ensuring people received good quality care.

Staff felt well supported and had confidence in the management team's ability to promptly deal with issues

raised.

Rating at last inspection: Requires improvement (published 20 January 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At the last inspection on, 19 October 2017, we found staff competency assessments were not sufficiently robust and staff were not consistently skilled when supporting people with dementia or complex mental health needs. The provider and registered manager had not been pro-active in addressing concerns in a timely manner and the lack of a deputy manager and clinical lead had impacted negatively on the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of the service. At this inspection, we looked to see whether the provider had implemented the action plan. We found the required improvements had been made to improve the rating of the service to good.

Follow up: The service will continue to be monitored through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Elmcroft 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector, an inspection manager, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this incidence they had experience of caring for an older person and dementia care.

#### Service and service type:

Elmcroft Care Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 was an unannounced inspection.

#### What we did:

Before the inspection we looked at information, we held about the service. Including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. We reviewed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with ten people who used the service and three relatives to ask about their experience of the care provided. Some people living in the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences we observed interactions between people and staff in communal areas. We spoke with eight members of staff including the registered manager, clinical lead, care workers, the activities coordinator and domestic staff.

We also reviewed a range of records. This included seven people's care records and medication records. We looked at four staff files in relation to recruitment and supervision records, documents relating to the management of the home, complaints and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise signs of abuse and knew what action to take to protect people from harm.
- Staff were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. One staff member said, "If I saw anything I would go to the office and go to [clinical lead] or go to [registered manager]. I feel it would be acted upon and dealt with."
- The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- The provider had a recruitment policy in place. Each staff file contained all the necessary pre-employment checks to ensure the safe recruitment of new staff.

Assessing risk, safety monitoring and management

- Care plans contained individual risk assessments outlining potential day to day risks to people's safety and wellbeing. They included guidance for staff about how best to support people to minimise potential risks in areas such as pressure damage to the skin, mobility and eating and drinking, whilst encouraging them to remain as independent as possible. For example, one person had been identified as being at a high risk of falls. Their care plan contained information for staff about how to support them to mitigate this risk including monitoring for urine infections and what action to take if the person fell.
- Care plans included information for staff to support people with complex behavioural and medical needs. For example, one person had a medical condition which required them to have an oxygen concentrator. Their care plan contained clear guidance for staff about how to monitor their oxygen saturation range, the correct settings for the concentrator and what action to take if a problem was identified with the concentrator.
- Some people required the use of a hoist to move them from bed to chair. This was clearly recorded in their care plans and included details such as, how many staff were needed to complete the manoeuvre, the size of the sling and which loops to attach the sling to the hoist. We saw staff supporting a person to use the hoist. They gave verbal prompts and informed the person what they were doing and why. The person appeared calm and relaxed and was happily chatting to staff throughout.
- Staff we spoke with knew the details of people's care plans and records reflected people's current needs. Staff understood the importance of balancing safety while supporting people to make choices, so they had control of their lives.
- Emergency plans were in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan (PEEPS) in place in their records.
- The environment was regularly assessed and maintained to ensure it was safe for people to use.

Staffing and recruitment

- On the day of this inspection, we observed there were enough staff available to meet people's needs and

keep them safe. On the whole people confirmed there were sufficient staff on duty to meet their needs. Relatives told us, "They have always been good at giving mum her medication. I feel [person] is safe" and "Most of the time there is enough staff, they do seem to have time for them."

- Staff knew people well and we saw people's needs being met in a safe and effective way. Staff recognised when people needed support and responded to any requests for assistance in a timely manner.
- Comments from people included; "I will ring my alarm for things like going to the toilet, they are quite fast, sometimes they will say 'we will be with you as soon as we can.'"

#### Using medicines safely

- Systems were in place for the safe management of medicines. This included the storage, handling and stock of medicines and medication administration records (MARs).
- Staff were trained in medicines management and their competencies were reviewed.
- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified, investigated and the outcome shared with staff.

#### Preventing and controlling infection

- Staff had completed training in infection control and understood the importance of preventing the spread of infection. The relevant protective equipment such as gloves and aprons were used when delivering personal care to people.

#### Learning lessons when things go wrong

- The service had a process in place to assess, monitor and respond to accidents and incidents and staff knew what action to take if an accident or incident occurred.
- The registered manager regularly reviewed records to look for any trends or changes, which may be needed to people's care.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a variety of training modules which provided them with the skills and knowledge to support people.
- Staff told us they were well supported in their role. Since the previous inspection a clinical lead had been appointed, they were visible throughout the service and supported staff in their clinical decision making.
- Staff received annual appraisals and regular supervision which helped support them in their role and identify any learning needs and opportunities for professional development.
- New members of staff completed an induction programme when they joined the service. Before providing care for people new starters worked alongside more experienced colleagues, this ensured they knew people's preferences and how they wished their support to be delivered. One staff member told us, "When I come to work I feel happy, I get on with staff and we look after the residents really well. This is my first job in care and they have helped me understand care. They have really supported me."

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

- Care plans provided clear guidelines for staff about how best to support people and contained information about people's expressed social, religious and care worker preference.
- Staff supported people to use equipment such as walking aids and hoists to promote independence and safety.
- Care plans included details about who the person had appointed as their lasting power of attorney (LPA). An LPA is a legal document that allows someone to appoint one or more people to help them make decisions or to make decisions on their behalf in relation to their health and welfare or finance.

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

- Before mealtimes staff used picture cards to support people to choose what they wanted to eat.
- Staff were available to help people at mealtimes. Staff supporting people to eat did so with dignity and respect and allowed people to take their time.
- Staff monitored people who were at risk of not eating and drinking enough, weights were monitored monthly and this was increased to weekly if people were losing weight. Nutritionally enhanced food and drinks were provided and where appropriate referrals had been made to professionals for additional guidance and support.
- One person told us, "The food is nice, lots of variety." A relative told us, "He hasn't got a great appetite, but he eats well here, and they are always making sure they are drinking enough."

Staff working with other agencies to provide consistent, effective, timely care

- The service had worked with the local authority to improve the service.

- Staff liaised with health and social care professionals in ensuring people had access to the support they needed, and in providing advice and guidance to relatives.

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

- Although some bedrooms were personalised with pictures and personal possessions the overall environment was not well adapted to people living with dementia or those with sight impairments. The corridors were neutral in colour and the signage was not suitable to support people in finding their way or orientate them to where they were. There were also no items of interests for people who chose to walk along the corridors.
- We discussed this with the registered manager who told us there was an on-going plan for improvements to the service.
- We recommended that the service looks at good practice guidance and environments for people with dementia.

#### Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to see health care professionals to ensure their healthcare needs were met.
- As people's health needs changed staff made referrals for advice and support to specialist healthcare professionals including physiotherapists, dieticians, optician and speech and language therapist.
- Staff documented the outcome and advice received from appointments any appointments or assessments attended.

#### 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 with appropriate legal authority. In care homes 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives.
- Care plans showed that MCA's were personalised and decision specific in areas including finance, medication and the use of sensor mats.
- Staff could describe how they supported people who had been assessed as having fluctuating capacity for example, by offering visual choices about what to wear or eat and drink. A staff member explained how one person could make simple choices about their day to day care but was unable to retain information long enough to be able to make more complex decisions such as those around taking their medication, so they supported them with this.
- When necessary staff had held best interest meetings and relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about people's care. This meant that any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen.
- Staff were observed consistently gaining consent from people before supporting people and knocking on doors and waiting to be invited in before entering.

# 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

Good: 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

- Observations showed staff treated people with kindness and respect. Interactions between staff and people were relaxed, staff appeared to know people well and engaged them in conversations on topics of interest to them.
- Comments from people and relatives included, "The staff are lovely, they pop in and talk to me. They know what they are doing, they are always nice to me" and "I think the staff seem very pleasant and caring. In general care staff seem to know what they are doing, they pay attention to the residents, sometimes getting hostile reactions. I have seen them being very calm, using distraction in those situations." And, "I can't fault them, and as a family we are all here a lot. He would let me know if he was unhappy. He is having hardly any falls now".

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

- Staff supported people to make choices in their day-to-day care, which promoted their independence. One person told us, "I do feel involved with my care, I'm sure that if I wasn't happy about something they would listen."
- Care plans included information about people's life story such as significant life events and social activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They consistently knocked on people's bedroom doors and waited to be invited in before entering.
- To ensure people were cared for without discrimination and in a way, that respected their differences staff completed equality and diversity training.
- Staff respected people's individuality, diversity, and personal histories and preferences when delivering their care. One person said, "I get a bed wash every day, they let me do what I can and treat me with dignity."
- Some people were cared for in bed or chose to spend time on their own in their rooms. Staff were continuously 'popping' their heads into people's rooms checking everything was okay.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to admission to ensure the service could meet individual needs and plan their care. One relative told us, "They are good at communicating, they have rung me each time [relative] has had a fall, and if the ambulance has been called, they've let me know. When [relative] was discharged they let me read the discharge notes. I was involved in [their] care plan when [relative] first arrived".
- Staff knew people well and could tell us about their preferences, interests and life histories. For example, one person often became agitated when receiving personal care. Staff told us if this happened they would try to distract them by talking about ballroom dancing.
- Care plans outlined people's needs and preferences. They provided staff with information on how best to meet these needs and support people to make choices about the care they received.
- Staff encouraged people to remain as independent as possible. We observed people mobilising around the service throughout the day and staff supporting them to use equipment such as walking aids and hoists to promote independence and safety.
- People's communication needs were known and understood by staff. Care plans identified people's communication needs, for example, staff were trialling the use of flash cards to assist one person with communication and a referral had been made to the blind and deaf association for further support. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints and records showed complaints were responded to appropriately and in a timely manner.
- People and their relatives knew how to raise concerns or make a complaint. One person told us, "If I had any complaints I would speak up, things I have mentioned they have taken on board."

End of life care and support

- Staff gave examples of how they had supported people and their families at the end of life in a caring and dignified manner.
- When a person passed away relatives were given an information leaflet which carefully guided them through the process of what happened after a person passes away and any action they may need to take.
- Some care plans contained information about how and where people wished to be supported if they needed end of life care but it was not recorded in all care plans. We discussed this with the management team who informed us they were in the process of reviewing this.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were positive about the management team, describing them as, "accessible and supportive."
- The registered manager and clinical lead worked closely together, they were visible around the home and had a good understanding and knowledge of people's needs.
- The service had a vision for the future, placing 'family' at the centre of its care. Staff were aware of the aim of the service and strove to support people to live well and feel valued.

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

- The registered manager understood their legal responsibility to inform the commission about significant events which occurred in the home within required timescales. These included deaths, injury and Deprivation of Liberty Authorisations.

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

- The management team had introduced a staff employee of the year award. The recipient was nominated by relatives to recognise dedication and compassionate care shown by staff members.
- The views of people using the service, staff and relatives were obtained through surveys. Where concerns had been identified measures were put in place to address them and improve the service.
- Relatives and staff told us the management team had an 'open door' policy and they could speak to them on an informal basis if the need ever arose.

Continuous learning and improving care

- The management team and staff were committed to continuing to improve the service delivered for the benefits of people using it.
- The management team had systems in place to monitor the quality and safety of the service. The outcomes of audits were used to drive improvement when required.

Working in partnership with others

- To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations.
- The service had established links with the local community. One member of staff was a dementia champion for the Alzheimer society. They had worked in conjunction with a local school and now had 23 children who

were dementia friends. Dementia Friends is an Alzheimer's Society initiative that aims to give people a better understanding of dementia.