

Elmsfield House Limited

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Inspection report

Elmsfield House
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6, 7 and 12 February 2018 and was unannounced on the first day. At the last inspection in July 2017 the service was rated overall as Requiring Improvement as we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 key questions of safe, effective, responsive and well-led to at least good.

At this inspection we found those actions required had been completed and the provider was no longer in breach of the regulations. However during this inspection we found areas that still required improvement and we have made three recommendations.

Elmsfield House 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 home provides personal care and accommodation for up to a total of 28 people. On the day of the inspection there were 19 people residing at Elmsfield House. Accommodation is provided over two floors and the building has been extended and adapted for its purpose. The home is located close to the small village of Holme.

There was a registered manager in post. A registered manager is a person who has registered with the (CQC) 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.

On the days of the inspection there were deemed to be sufficient numbers of staff but we observed some people were left unattended for short periods in the communal lounges and dining areas. However we saw most people had their needs met in a timely manner.

We have made a recommendation that the provider reviews the dependency needs of people living in the home to ensure the numbers of staff on each shift are sufficient to meet people's needs at all times.

People told us they had a good choice of foods made for them and that they enjoyed it. We saw some people were not always sufficiently supported during the breakfast time. People who were at risk of not having their nutritional needs met had been referred to the appropriate health professionals.

The processes used for identifying how best interest decisions were made for people who lacked the capacity to make complex decisions for themselves had not always been recorded. We also saw that consent to care and treatment had not always been obtained from the relevant persons with the legal authority to do so.

We have made a recommendation that the provider review their best interest decision making process to

ensure it follows guidance outlined in the Mental Capacity Act 2005 in order to gain the appropriate authority for consent.

People were supported 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 practice.

Since the last inspection the provider had improved areas of the home. The laundry room had been fully renovated and a room in the home had been adapted to provide a new treatment / medication storage facility. Records for the administration of topical medications had improved. We saw medicines were being administered and recorded appropriately and were being kept safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

We observed staff displayed caring and meaningful interactions with people and people were treated with respect. People living in the home and their visitor's spoke highly of the staff and told us they were very happy with their care and support.

People were supported to access activities that were made available to them and pastimes of their choice.

We saw that people's health and support needs were documented in their care plans. However we found finding information in the records was difficult as things had not always been recorded in a consistent way.

We recommend that the provider reviews the documentation and records used for care planning.

Auditing and quality monitoring systems were in place that allowed the provider and registered manager to demonstrate oversight of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some areas of safe required improvement.

Staff were not always visibly present in the morning time where some people required a level of supervision or assistance.

Prescribed medicines were stored and managed safely. Records for topical medications had improved.

Staff knew how to protect people from harm.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Best interest decisions for consenting to care and treatment had not always been recorded.

Staff had received the appropriate training to fulfil their roles.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service caring?

Good ●

The service was caring.

People told us they were being well cared for and we saw that the staff were respectful and friendly in their approaches.

People were supported to keep their independence.

We saw that staff maintained people's personal dignity when assisting them.

Is the service responsive?

Good ●

The service was responsive.

We saw there were activities which people took part in.

People felt able to speak with staff or the management team about any concerns they had.

Plans were in place to ensure people could record the support they wished to have at the end of their life.

Is the service well-led?

The service was not always well-led

There were adequate processes in place to monitor the quality and safety of the service that needed to be developed.

Staff told us they felt supported and listened to by the registered manager.

Documentation used for care planning was not always consistent in how information was recorded.

The registered manager and provider had taken action following the last inspection to improve the quality of the service.

Requires Improvement 

Elmsfield House Limited

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 checked 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 comprehensive inspection took place on 6, 7 and 12 February 2018 and was unannounced on the first day.

The inspection team consisted of a lead adult social care inspector, an 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.

Before the last inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the registered manager, six people who used the service, three relatives and/or visitors, five staff including ancillary staff. We also spoke with two visiting health professionals. We observed how staff supported people who used the service and looked at the care records and medication records for five people living at the home.

We looked at the staff files for six staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Is the service safe?

Our findings

At the last inspection in July 2017 we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that was because risks associated with the delivery of safe care and treatment had not always been identified or managed.

At this inspection we found the provider and registered manager had taken action to improve the rating of this domain from inadequate by making safe the areas of concern from the last inspection. These actions included the renovation of the laundry room to ensure it complied with The Health and Social Care Act 2008:code of practice on the prevention and control of infections and related guidance.. New systems had been introduced to ensure that all bedrails in use were being monitored and managed safely. The provider had also taken professional guidance on fire safety and implemented appropriate risk assessments for the evacuation of people in the event of an emergency. Action had also been taken to improve the records for the administration of topical medications.

We also found at the last inspection a breach of Regulation 13 Safeguarding service users from abuse or improper treatment because people had not been protected from the risk of harm. At this inspection we found records relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a team leader or to the registered manager.

We looked at records of the accidents and incidents that had occurred. These had been reviewed in detail by the registered manager and where actions were required to prevent further incidents these had been implemented. We also saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

People we spoke with who lived at Elmsfield House told us they felt safe living there. One person said, "Oh, yes I do feel safe here." Another said, "Yes I do feel safe here, because there are always staff around." We were also told, "I feel very safe here. I have a call bell and they [staff] come straight away and they [staff] never come begrudgingly."

We observed that some people were able to move around freely and safely in the communal areas of the home unassisted, whilst others were unable to move independently. We observed during the first morning we visited that there were only three people sat in the main lounge. There were seven people who remained in the dining room. We noted there were times that no staff were present in the communal areas to respond to peoples requests for example assistance with mobility.

We looked at the staffing rotas for two weeks before the inspection, the week of the inspection and for the following week. We saw that there was a structured team of staff and a designated senior on every shift. We saw that the number of staff on each shift varied on the odd occasion where absences had occurred. The

numbers of staff on duty was determined by the dependency needs of people living in the home. There were four care workers in total on the morning shift and the same in the afternoon. During the night there were two staff and a third person slept on the premises that could be called on in the event of any emergency.

The registered manager collated information about people's needs and that depicted the numbers of staff required on each shift. We observed differences of experience people had during the morning and their breakfast time (examples provided under the domain of effective). The morning routines for staff left little or no time for providing a person centred approach and was task orientated. We discussed this with the provider and registered manager as to whether this was because the deployment of staff during that time could be better. Both the provider and registered manager told us that they would look at the current staffing arrangements with a view to ensuring people enjoyed their breakfast dining experience.

People living at Elmsfield House told us they felt there was sufficient staff at the home. One person said, "There always seems to be enough staff." Another said, "Yes, there are enough staff." A third person said, "There is always plenty of staff about."

We recommend that the provider reviews the dependency needs of people living in the home to ensure the numbers of staff on each shift are sufficient to meet people's needs at all times.

We looked at how medicines were managed and observed them being given. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We also looked at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We looked at six staff files for recruitment and saw that most of the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

There was a development plan in place for improvement to the building, décor and outdoor facilities. This included refurbishment of the two main lounges during the next couple of months and for the summers months a new log cabin was to be built in the garden. Maintenance checks were being done regularly. However we noted on the first day that a number of locks on doors on the ground floor were either missing or were not secure. The provider took immediate action and fitted new keypad door locks to ensure the security and safety of the premises. We could see that where any repairs or faults had been highlighted they had been acted on. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

Is the service effective?

Our findings

People we spoke with told us the meals at the home were good. One person said, "The food is okay but you don't always get a choice." Another person said, "The food is good here." We were told, "The food is nice. I have all my meals in my room, because I want to." and "The food is good. There is a good choice. If you don't like it they will always find you an alternative. The puddings are nice here."

We observed that not all people received timely support with their breakfast and their experience was not very person centred. There were four care workers during the morning. That included the team leader who was responsible for the administration of medications. The team leader based the medications trolley in the dining area. However, at times, they left the room to support people who were in their own rooms with their medications. This left people in the dining room unsupervised for short periods of time. We observed that someone after being seated with the support of a care worker, who then left the room, waited 15 minutes before they received their breakfast from the kitchen staff.

We saw people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We noted that some records used for the recording weight loss were not consistent. We saw that people who were at risk had been referred to the dietician and appropriate actions had been taken. The registered manager took action and implemented a more precise weight loss protocol for staff to follow.

We looked at the staff training records which showed what training had been done and what was required. We saw staff had completed induction training when they started working at the home. Staff had received regular updates on important aspects of their work such as first aid. Staff we spoke with told us they received regular supervisions to support them in their roles and often had their competencies checked.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection appropriate authorisations were in place and relevant applications had been made to the local authority for people living at the home whose liberties were being deprived.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of

care and treatment provided. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves. However we did not see that the best interest decision process had been recorded consistently for people living in the home. We also found the consent to care and treatment was not always obtained from the relevant person. Checks had not always been made to confirm if those people consenting had the legal rights to make decisions.

We recommend that the provider review their best interest decision making process and the obtaining of consent to ensure it follows guidance outlined in the Mental Capacity Act 2005.

People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. A relative told us, "The doctors and district nurses come in if my relative needs them." We spoke with two visiting professionals and received some mixed comments about the service. Areas relating to some negative comments have been addressed in this inspection.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to. We saw that people could and did have their pets living with them.

Is the service caring?

Our findings

Everyone we spoke with living at Elmsfield House told us they were well looked after by staff at the home. One person told us, "They [staff] look after us well." Another said, "The staff here are very nice – very helpful." We were also told, "Staff here are very good, kind and caring." And, "The staff are very helpful and friendly – nothing is too much trouble for them." A relative we spoke with, who had experiences of other care homes, rated the home as a "Terrific place" and could not fault anything about the care.

During the mornings we observed little or no interaction between people living at the service and the staff. We have made reference to this in the previous domains. However later during day two of the inspection we used the Short Observational Framework for inspection, (SOFI) to observe how people, who could not easily express their views, were being supported and approached by staff. We saw that the interactions between staff and people living in the home demonstrated respect and they treated people with genuine affection, care and concern.

The staff took appropriate actions to maintain people's privacy and dignity. All of the people we spoke with said the staff supported them to do as much as they could for themselves so as to maintain their independence.

Information was provided about the tasks people could complete themselves detailing the level of support they required. This helped people to maintain their skills and independence.

We were told independent advocacy could be arranged for people who did not have relevant others to help them in making important decisions. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We looked at the arrangements in place to ensure equality and diversity and that support was provided for people in maintaining important relationships. People told us they had been supported to maintain relationships that were important to them and to follow the religion of their choice. People told us their families and friends could visit them as they wished. One person told us, "Visitors can come at any time. They are always made to feel welcome. They are always offered a drink." Another person said, "My family visit – yes they can come when they want to." We were also told, "My daughter visits. She can visit me at any time."

Is the service responsive?

Our findings

The home had a designated activities coordinator who worked every afternoon Monday to Friday. We observed an afternoon of bingo which was attended by most people. People also told us about the different things they could choose to do. One person told us, "We have started having activities. She [activities person] had us sewing yesterday." Another person said, "There are activities, I don't want to do them. I am not very sociable - I like to do my crosswords - listen to the radio, watch my television in my room." We were also told, "They [staff] make sure you get your newspaper. There is bingo this afternoon. Yesterday we were making a collage. Not everyone joins in but the opportunity is there."

We looked at the care records for five people living in the home. From the care records we saw we could not easily find information and we have addressed this in the domain of well-led. Each person had a care plan that recorded their individual needs. We saw that an assessment of people's needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

A number of people who lived in the home could not easily express their views or wishes about the care and support they received. From speaking to staff and observing how they supported individuals we saw that the staff were knowledgeable about the needs of people who were living at the home.

However we also noted that staff did not seem to spend a lot of time providing person centred care during the morning routines in the home. People we spoke with were able to tell us if they were able to get up and go to bed as they wished. One person told us, "I can go to bed and get up as I want. I got around 7:00am and I go to bed when I have had my tablets about 8:30pm." Another person said, "I got up not long ago. Yes, you can get up/go to bed as you want to." We were also told, "You can get up go to bed as you want here."

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so by speaking with any member of staff. One person told us, "I would speak to [name of registered manager]." Another said, "There is an area of complaint. I would first speak to staff and it would be dealt with." We were also told, "I would speak to staff. I have no complaints." The registered manager told us they preferred to deal with people's concerns as and when they arose.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 Good governance because some areas of the auditing and quality monitoring had not been effective. During this inspection we found improvements had been made but we found some areas still required improvements and we discussed with the registered manager and provider about how they would manage this.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and most areas of quality of the home. The oversight of quality and safety in the home was also monitored regularly by registered manager and provider. Maintenance checks were being done regularly.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

This meant we could check that appropriate actions had been taken.

From the care records we saw we could not easily find information and we have addressed this in the domain of responsive. This was because the records in use were not all consistent in their detailing of people's needs. Finding current information for staff about how to support individuals took time as it was not always recorded in the same place.

We have made a recommendation that the provider reviews the documentation and records used for care planning.

People we spoke with told us they thought the home was well managed and they were satisfied with everything. No-one we spoke with raised any concerns with us during our visit. One person told us, "The home is well run and yes I would recommend the home to other people." Another person told us, "I like it here; overall, it is a well run home. They [staff] don't make you do anything that you don't want to. I am quite happy with everything." We were also told, "You are made to feel safe with enough freedom for it to feel that it is your own home."

As well as informal discussions with people and their relatives about the quality of the home, we also saw resident and staff meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

The service worked in partnership with other healthcare professionals such as district nurses and GPs. Referrals had been made to relevant professionals when required.

Since the last inspection we could see how responsive the provider and registered manager had been in

that improvements had been made to ensure the service was now compliant with the previous breaches of regulations that were found in the last inspection.