

Mr & Mrs J Surae

The Elms Care Home

Inspection report

13 Regent Street
Bilston
West Midlands
WV14 6AP

Tel: 01902491890

Date of inspection visit:
14 July 2016

Date of publication:
03 October 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 14 July 2016 and was unannounced. At the last inspection in August 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

The Elms is registered to provide accommodation for up to 13 people who require personal care and support. On the day of the inspection there were 12 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

The provider had not carried out sufficient checks on new staff members. People, relatives and staff felt there were not enough staff to meet people's care and support needs in a timely way. People told us they felt safe. People received care from staff that protected them from the risk of potential abuse. Staff were confident in reporting any concerns or suspected abuse. Risks to people were recorded and understood by staff. People were happy with the way they received their medicines, however systems used to manage medicines had not identified discrepancies in the receipt and administration of medicines.

Assessments of people's capacity to make certain decisions had not always been recorded accurately. People told us they enjoyed the food but were not offered a choice at mealtimes. Staff received regular training and had the skills, knowledge and experience to meet people's care and support needs. People's consent was sought before care was provided. Staff were aware of people's preferences and people with specific dietary requirements received appropriate food. People had access to appropriate healthcare according to their needs and staff responded without delay to changes in people's health.

People were not always supported in a way that maintained their dignity. Staff knew people well and treated people with kindness. Staff had a good knowledge of people's needs and preferences. People were involved in making decisions about their care and support. People's relatives were welcome to visit the home at a time of their choosing.

People told us there was a lack of day to day activities available to them. People's care was tailored to their individual needs and choices. Staff had a good understanding of people's preferences and life histories. People felt able to express their views to the staff or the registered manager. There was a system in place to manage complaints.

People and relatives had been invited to give feedback about the service. Staff expressed mixed views about whether they felt listened to when they contributed ideas. The registered manager and senior staff carried out checks to monitor the quality of care provided, however, these audits had not identified the issues found at the inspection.

During this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The provider had not carried out sufficient checks on newly recruited staff. There were insufficient numbers of staff to meet people's care and support needs in a timely manner. Improvements were required to the systems used to manage medicines. People were protected from the risk of harm by staff who understood their responsibilities in relation to keeping people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Assessments of people's capacity had not always been accurately recorded. People were asked for their consent before care and support was provided. People were supported to maintain a healthy diet according to their needs, however a choice of meals was not always offered. People had access to healthcare professionals when they needed them.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff did not always support people in a way that respected their privacy and dignity. People were supported by staff who were friendly and kind. People were involved in decisions about their care.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People were supported by staff who understood their interests but activities were not always provided. People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People and their relatives knew who to contact if they were unhappy about any aspect of their care.

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits carried out by the provider had not identified the issues found during the inspection. People had been asked to share their views about the care they received. The registered manager had informed us of events as required by law.

The Elms 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.

This inspection took place on 14 July 2016 and was unannounced.

The inspection team consisted of one 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. Their area of expertise was older people and dementia. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We spoke with four people who lived at the home, two relatives, three staff members the registered manager and the provider. We looked at four records about people's care and support, three staff files, medicine records and systems used for monitoring quality.

Is the service safe?

Our findings

Staff told us that they were required to have pre-employment checks before they were allowed to start work at the home. We spoke with the registered manager who told us about the recruitment process and how they ensured they employed people with relevant skills and experience. However, we looked at three staff recruitment files and saw that appropriate checks had not always been carried out before people were able to start work. Two of the three staff member's files we looked contained information about where staff had worked previously, but did not have evidence of references from staff's previous employers. Other checks were incomplete including explanation of gaps in employment and photographic identification. The provider had carried out checks with the Disclosure and Barring Service (DBS) before staff were able to start work at the home. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. By not carrying out full checks on staff member's previous employment the provider was at risk of employing unsuitable staff. We spoke with the registered manager and provider about this, who acknowledged our concerns and advised improvements to the recruitment process would be made with immediate effect. The provider had not ensured that recruitment procedures had been established and operated effectively to ensure that person's employed met the required conditions.

This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

People living at the service and their relatives told us they did not feel there were sufficient numbers of staff available to meet their needs in a timely way. One person told us, "I sometimes have to wait to go to the toilet, so more carers would be good." Another person told us, "If I could change one thing it would be to have more staff." A relative commented, "We do have concerns about how many carers are on duty at any one time. If there were more carers then perhaps they could spend time walking with our family member whose mobility would very much improve." Staff we spoke with told us they felt more staff were needed. One staff member said, "There are times when I do not feel it's safe, in the mornings sometime the lounge is left unattended as we are helping people to get up and dressed." Another staff member told us, "People's needs have changed over time, they are more dependant now, there aren't always enough staff."

We saw people asking for assistance and heard staff say, "I'll be with you shortly." We saw staff could not always respond promptly to requests made by people when they required support or personal care and observed people were left waiting for their care needs to be met. For example, on one occasion a person required assistance with their personal care needs but staff were unable to respond as they were assisting another person to walk. We saw at times the communal lounge area was left unstaffed while staff supported people in other areas of the home. This left some people at risk of falling, as staff were not available to support them to walk, or to ensure people had the appropriate mobility aids. We discussed our concerns with the registered manager and provider who told us staffing levels had been calculated based on people's individual needs. They advised they would review staffing levels following the inspection. The registered manager also told us that two new staff were due to start shortly, following a recent round of recruitment.

People told us they were happy with the way they received their medicines and they received pain relieving

medicines when they needed them. One person told us, "If I have a headache I tell the carers and they give me paracetamol." Another person said, "Staff give me my tablets every day and stay with me to make sure I have taken them." However, when we looked at systems used to manage medicines we were not able to check that all medicines had been given as prescribed because for two people the total amount of medicines available did not match the records of receipt or administration. We reviewed the medicines audits, however these did not clearly evidence stock balances. We asked a staff member and the registered manager about this and they were not able to explain the discrepancies. People's medicines were stored securely, however temperatures were not recorded. We discussed our concerns with the registered manager who advised action would be taken to ensure the auditing of medicines kept people safe.

Everyone we spoke with told us they felt safe. One person said, "I feel safe with the carers. They always tell me what they are doing when they move me to the wheelchair." Another person told us, "I feel safe, when staff transfer me they go at my pace and don't rush me". People were supported by staff who had received training in how to keep people safe and knew how they would record and report any concerns. Staff were also confident to escalate any issues if they felt a concern had not been appropriately dealt with. One staff member told us, "I'd report any concerns to the registered manager, or the provider, but if they didn't do anything I'd contact the local authority or the police." Staff told us the service had a whistle blowing procedure and advised they would feel comfortable to use the procedure in the event of improper or unsafe practice at the service. Staff worked in a safe manner when using equipment to transfer people and helped them to walk. There was a range of equipment available to support people to transfer from one position to another and we saw two staff supported people and informed them of what was happening to reduce any anxiety.

Risks to people had been identified and assessed and risk management plans were in place for staff to follow. Staff were able to tell us how they monitored risks and shared concerns with the staff team. One staff member shared with us how they continually observed one person who required assistance to walk as they were aware they were at a high risk of falls. We saw there were systems in place for staff to share information about possible risks with the rest of the staff team, which included handovers and daily notes. This meant staff had the information they needed so they could act in a way that kept people safe.

Is the service effective?

Our findings

People were asked for their consent before staff provided care and support. We saw staff asked people if they needed support and waited for their agreement before providing it. 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. Staff we spoke with understood the requirements of the MCA and the importance of acting in people's best interests. Staff shared with us examples of how they involved people in making choices, for example asking people about their personal care preferences. We saw where people used bed rails they had given their consent and this decision had been recorded in their care records. However, although the provider had carried out assessments of some people's capacity this was not always recorded clearly, which meant staff may not receive accurate guidance about people's capacity to make certain decisions. Some people's records relating to decision making had not been reviewed. We spoke with the registered manager about this who told us they would review people's care records and make improvements where necessary.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Although there were no current DoLS authorisations in place, the registered manager shared with us how consideration had been given to individuals living at the home and whether or not they were being deprived of their liberty.

People expressed mixed views about the food they were offered and two of the four people we spoke with expressed concerns about a lack of choice. One person said, "The food is very nice but I don't know that we have any choice at meal times." Another person told us, "There's no choice of food, just what they give us, but it's nice." A third person said, "The food is quite nice, especially the soup we have. If I'm hungry or thirsty I tell the staff and they find me something." We observed people were not offered a choice at lunchtime and staff told us there was only one meal option. The registered manager told us people could ask for an alternative if they did not like the meal that had been prepared. We observed two people who declined their meal and different options were provided. During lunchtime we observed that people did not always receive the support they required to enjoy their meal. One person who required support to eat was not given support in a timely manner, which meant their food had gone cold by the time staff were available to help them. People were offered a choice of hot and cold drinks throughout the day. Where people had specific dietary requirements staff were aware of these and were able to share with us how they ensured meals were safe for people to eat, for example, a blended soft diet for people with swallowing difficulties.

People told us they felt the staff were skilled in their work. One person told us, "The carers are very good and look after me very well." We spoke with staff who told us they felt supported in their role and had the training they needed to meet people's care and support needs. One staff member told us they had recently undertaken training in wheelchair safety, which had given them new knowledge in relation to safe practices

when supporting people. We saw where relevant, staff were supported to undertake nationally recognised qualifications. The registered manager and provider told us they regularly attended local training and information sharing events which enabled them to keep up to date with current best practice.

People were supported to maintain their health and had access to healthcare when required. People told us staff arranged appointments for them when they needed them. One person told us, "The chiropodist comes in and if I need to see my doctor the staff will arrange this for me." Relatives told us they were happy with the way their family members were supported with their healthcare needs. One relative said, "Once [person's name] had to go to hospital and staff informed us straight away." We saw staff took appropriate action when people needed additional support from healthcare professionals. For example, staff had contacted the district nursing team to request additional support for a person who had fragile skin.

Is the service caring?

Our findings

People were treated with kindness and compassion and we saw some positive interactions between people and staff. People told us staff supported them in a way that maintained their dignity. One person told us, "Staff give me a wash every day and they close the curtains and the door to protect my privacy." Staff shared examples with us of how they supported people in a way that upheld their dignity which included giving people privacy and respecting confidentiality. However, the care people received was not always dignified. We observed a number of occasions through the inspection where people's dignity was not maintained. For example, we observed on two occasions staff did not cover people appropriately when they were being hoisted. On another occasion we heard a person banging on the bathroom door to try and attract the attention of staff as they needed support with personal care.

People told us staff were caring and treated them with kindness. One person told us, "The staff are very caring and look after me very well." Another person said, "The carers are good to me." We saw staff treated people with kindness and had good relationships with people. Staff interacted positively with people while supporting them and we saw staff take time to sit next to a person who became anxious and offer them reassurance. One person shared with us how staff reminded them of the risk of falling by 'speaking to me nicely', when they were trying to walk on their own.

People told us staff took time to listen to them and understand their needs. One person said, "Staff talk to me if I'm worried about anything." We spoke with staff who could tell us in detail about people's life histories, interests and care needs. One member of staff said, "It's important to find out what people like so you can make them feel like part of the family." We observed care being provided and saw staff knew people's preferences. People were comfortable and relaxed in the company of staff who supported them.

We saw people were supported to make decisions for themselves throughout the inspection. Staff offered people choices about food and drink, medicines and support with mobility. Staff told us how they encouraged people to do as much as possible for themselves and asked people how they wanted to be supported. Where people had specific communication needs we saw staff knew how best to communicate with them for example, photographic and pictorial references.

People's relatives were able to visit at any time. We saw family members visited during the day and staff were friendly and welcomed them. Relatives told us staff updated them with any relevant information about their family members when they visited the home. One relative told us, "The staff always give me a warm welcome."

Is the service responsive?

Our findings

People told us there were not enough activities offered on a day to day basis that interested them. One person said, "There's not much to do other than sleep or watch TV." Another person told us, "There's nothing much to do around here." A third person said, "There are little things to do like throwing a ball or watching TV." We saw most people were reliant on staff being available to help them to engage in activities that interested them. However, there were not always staff available to support these choices. For example, throughout the inspection staff were unable to encourage or support people with activities as they were busy supporting other people who required personal care. Staff told us they tried to support people to follow their interests but did not always have time to do so. One staff member said, "We do the best we can. There are people who like to play dominoes and there are exercises people can join in with." Staff were enthusiastic about activities and actively sought new opportunities for people. For example, we saw a mannequin had been purchased to encourage people's interest in fashion throughout specific historical eras. People were offered the opportunity to take part in theatre trips and the service held an annual strawberry fayre. While staff worked hard to provide a range of external activities, people did not always have access to activities that interested them on a day to day basis.

People told us they were involved in making decisions about their care and support. One person said, "Staff talk to me, and ask if there is anything I need." We saw people had discussed their care plans where possible and verbal agreements had been recorded where people were unable to sign. People's families had been also involved where appropriate and relatives told us they were involved in decisions. One relative said, "Staff ask before they do anything, they communicate very well."

All of the staff we spoke with knew people's needs and shared with us examples of how they had responded to changes in people's health, preferences or interests. Staff told us they informed the registered manager about changes in people's needs and recorded information in people's records to ensure people received up to date care and support. Relatives we spoke with told us they were kept up to date with details of their family member's health or support needs. During the inspection we saw staff updating visitors and sharing information about any changes to people's needs.

The provider had a complaints policy and we saw the complaints procedure was displayed in the reception area of the home, so people or visitors could access it if required. People knew how to complain if they were unhappy about aspects of their care and support. One person told us, "I would talk to the staff if I had concerns and if necessary I'd complain to the manager." One relative said, "If we had any concerns we would talk to the manager." We found there had not been any recent complaints but staff were aware of the provider's complaints procedure and knew how to escalate any concerns raised directly with them. One staff member told us, "Sometimes relatives raise questions, it can be about décor or clothing, but we try and resolve things straight away."

Is the service well-led?

Our findings

Quality assurance systems were in place to audit the quality of care provided; however, these systems were not robust enough to identify the issues that we found during this inspection. We found concerns with staffing levels, mealtime choice, recruitment processes and activities, which had not been identified through the provider's own auditing processes. We saw that a range of checks were completed on care plans, health and safety audits, medicines systems and infection control. The provider had recently instructed an independent consultancy company to conduct a quality assurance audit for the service; however at the time of the inspection the provider was still awaiting the outcome of their audit.

People who lived at the home knew who the manager was and told us they felt able to approach them. One person told us they liked living at the home because it was 'small and quiet'. People and their relatives have been invited to give feedback about the home and make suggestions about things that could be changed or improved. The registered manager told us new games had been purchased in response to feedback. One relative told us, "Every now and again we complete questionnaire that are sent to us for our views on the home." Another relative told us they had been asked to complete a questionnaire but was disappointed not to receive any feedback from the registered manager or provider about the responses they had given.

Staff were passionate about their roles and were keen to develop and improve the service. One staff member told us, "I love my job; it's about giving my best to the people here, giving them 100%". Another staff member said, "I would recommend this home, I enjoy my job. It's feels like a family." Staff told us they felt they could offer ideas or discuss any concerns with the registered manager and provider, however not all staff were confident they would be listened to. Other staff expressed a more positive view. One staff member told us, "I have never had any difficulty in raising concerns, recently we requested a stand aid, and now we have it." The registered manager told us how the provider supported the home, and regular management meetings gave them any additional support they required. Staff told us they were asked to contribute their ideas in staff meetings, but felt they would benefit from more frequent supervision and feedback from the management team on their performance in their role. The registered manager shared with us examples of how they had taken on board feedback from staff, for example changing the position of beds to making using the hoist easier.

There was a registered manager in post who managed the home on a day to day basis. We spoke with the registered manager who demonstrated a good knowledge of all aspects of the home including the needs of people who lived at the home and their responsibilities as registered manager. The registered manager was aware of their legal responsibilities and had notified us of events that they were required to do so by law.

The registered manager worked with other professionals including district nurses and GPs and had approached them when they needed guidance or advice. They told us they kept their knowledge current by attending provider forums and training events provided by the local health authority and other care organisations. The service also benefited from a support group known as 'Friends of The Elms' who supported the service with fundraising for activities and equipment which benefited people living at The Elms.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not taken appropriate steps to ensure that persons employed meet the conditions specified in schedule 3. Regulation 19 (2)</p>