

Fairmont Residential Limited

Elm Lodge

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 well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Elm Lodge is a care home for people with learning disabilities or autistic spectrum disorder, providing personal care for three people at the time of the inspection. The service can support up to three people. Everyone had their own bedroom, bathroom and lounge area. Two people shared a large kitchen and one person had their own kitchen area. Everyone could share the use of a dining room and garden.

People's experience of using this service and what we found

Right Support; Staff supported people to have the maximum possible choice, control and independence over their lives. People were supported by staff to pursue their interests in the local community. The service provided people with care and support in a safe, clean, well equipped, and well-furnished environment which met their physical and sensory needs. Staff enabled people to access specialist health and social care and support in the community. Staff supported people with their medicines safely to achieve the best possible health outcomes.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood people's cultural needs and provided culturally appropriate care. Relatives spoke positively about the staff team. One relative said; "[The staff] are very responsive and available.... I could not praise them enough." People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture; People were supported by staff who understood best practice in relation to the wide range of strengths, impairments and sensitivities people with a learning disability or autism may have. Staff knew and understood people well. They were responsive and supported people's wishes to live a quality life of their choosing. People and their relatives were involved with planning their care.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 4 March 2021).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to staffing levels and how people were supported. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Elm Lodge

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector carried out the inspection.

Service and service type

Elm Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We communicated with two people who used the service about their experience of the care provided. We communicated with two people who used the service about their experience of care provided. We spoke to people or used Makaton, British Sign Language, picture, photos, symbols, objects and their body language. We spoke with six members of staff including the registered manager and the head of quality and compliance. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We corresponded with one professional who has regular contact with the service. We spoke with three relatives about the care their loved ones received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager and staff told us they had difficulty in recruiting staff. Agency staff were being used regularly. Staff told us they felt concerned about staffing numbers, but all agreed that support was in place and no one had been at risk because of the staffing levels in the home. The management team told us about all the work the team did to ensure the right skill mix for each day.
- Checks were in place to ensure that agency staff were safe and suitable to support people. Regular agency staff had got to know people's needs well. Staff spoke positively about the support their agency team members provided. One staff member said; "Agency staff have been really good; they are so good with people."
- The registered manager told us about numerous ways in which they had sought to attract suitable staff. These included changes to advertising, induction, job roles and training. They explained that the provider set a maximum limit on the use of agency staff in the home which had not been exceeded.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs wishes and goals.
- All new staff were given time to read people's care records before they met them. Agency staff who might not have this opportunity had the support of a core team for each person, who knew their needs and wishes very well.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise signs of abuse and report it. They told us they felt confident to raise any safeguarding concerns with the management team.
- Safeguarding concerns had been shared with the local authority and investigated appropriately.
- A relative told us they felt the staff team were very good at keeping their loved one safe, they said; "The staff are concerned to ensure safety, [my loved one's] safety is paramount."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were supported to manage risks to themselves wherever possible and make decisions about how to keep themselves safe.
- People's care records helped them get the support they needed. Staff could access high quality care records easily. Care records were accurate, up to date and stored securely.
- Staff helped people keep their home safe through regular checks and action to minimise any risks.

- Staff received training to support people safely and told us the training was effective. One staff member told us; "Training was really good; the inductors were excellent."
- Staff continually assessed people's sensory needs and did their best to meet them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- Staff followed national practice to check that people had the correct medicines when they went to stay with their relatives or went on holidays.
- People were supported to take 'as needed' medicines in line with the prescriber's guidance. Staff had access to detailed guidance about 'as needed' medicines to help them make decisions about if and when it was needed.
- Staff followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service followed government guidance to support people in receiving visitors safely. People were also supported to visit family members safely. People communicated the importance of staying in touch with and being able to see their family members regularly.

Learning lessons when things go wrong

- People received safe care because staff learned from accidents, communication breakdowns or episodes of distress.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed comprehensive assessments of each person's physical and mental health before admission.
- Staff took time to understand people's communication styles and preferences. We saw people communicating their needs confidently to those who supported them.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, their relatives and staff reviewed plans regularly together.
- Support plans set out people's current needs, promoted independence and considered what people wanted to do in the future. Staff were excited about longer term plans for people. Goals were very specific to people's interests and abilities.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. The training included the wide range of strengths and impairments people with a learning disability or autism may have. It included mental health needs, communication tools, positive behaviour support, trauma, informed care and human rights.
- Staff spoke positively about the training they received and told us they felt skilled and confident in their roles. All staff had opportunities to study and progress in their caring career.
- People benefitted from reasonable adjustments to their care, to meet their needs and their human rights were respected. This was because staff put their learning into practice.
- Updated training and refresher courses helped staff continuously apply best practice.
- The management team checked staff competency to ensure they understood and applied learning from training.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People received support to eat and drink enough to maintain a balanced diet. They were supported to choose their food, be involved in shopping, planning and preparing meals.
- People could have a drink or snack when they wanted to.
- People chose when they wanted to eat and enjoyed eating out with support from staff.
- People were supported with special dietary needs to maintain their health. They were also supported to

eat food which was appropriate to their culture and beliefs.

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

- Careful thought and planning had gone into adapting the interior and décor of the home to meet the needs of the people living there.
- The home was clean and safe; it was furnished to meet people's needs. Some small areas of the home needed maintenance and had been booked for completion at the time of our visit.
- Rooms were personalised to people's individual needs, wishes and interests. People had their own lounges and did not need to mix with others unless they wished to.

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

- People's health needs were addressed in care plans. They were supported by a wide range of health professionals to address any health concerns.
- The management team had developed good working relationships with health professionals. They had encouraged multi-disciplinary teams to work together to ensure people's health care needs were met.
- People were supported (where possible) to attend annual health checks, screenings and primary care services.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff empowered people to make their own decisions about their care wherever possible.
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- For people that the service assessed as lacking mental capacity for some decisions, assessments and best interests' decisions were clearly recorded.

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. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality. People's rights were protected, and they were supported to develop and flourish.
- The management team were visible in the service. Staff spoke positively about the registered manager. One staff member told us; "I love the management team; this is hands down the best management team I have had. They are so supportive, they are flexible, they are always there to help. They are light-hearted, it's nice to be around."
- The registered manager took a genuine interest in what people, staff, family and professionals had to say.
- Relatives told us they were very happy with the support they and their loved ones received from the registered manager. One relative told us; "[The registered manager] is very dedicated and capable."
- Staff told us they felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager apologised to people, and their relatives when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a very good understanding of people's needs and maintained a good oversight of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff showed good knowledge of people's care needs and communication preferences. Relatives told us they felt staff knew their loved ones well.

- People and their relatives worked with the management team and staff to develop and improve the service.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. Staff had easy access to updates electronically.
- The management team had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The management team, staff and relatives described examples of how learning had been used to improve care and support for people.

Working in partnership with others

- The provider engaged in forums to work with other organisations to improve care and support for people using the service and the wider system.
- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing.
- One professional who worked closely with the service told us; "They are quite responsive at providing the support needed, referring clients for appropriate support and keeping me and other professionals involved updated."