Care Quality Commission

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The Elms

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on 5 and 11 November 2014. The last inspection of The Elms took place on 18 July 2013 when it was found to be meeting all the regulatory requirements we looked at.

The Elms is registered to provide accommodation for up to six people who have a learning disability and mental health needs and require support with personal care. There were five people living at the home on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There were two registered managers for the home who shared the role, one of whom was the provider.

During the first day of the inspection we spoke with four people who used the service individually and as a group as well as two support workers. We also spoke briefly with the registered manager and the provider responsible for managing the administration of the home.

Summary of findings

On 11 November we spent time with both the owners. We talked with the providers about their plans to make improvements to all three services that they were responsible for and looked at maintenance, recruitment and other records relating to the running of them.

We were made to feel welcome by both people who lived at the service and the staff supporting them throughout the inspection.

The relationships we saw between people who used the service and support workers were warm and friendly. The atmosphere was calm and relaxed.

People who used the service had the capacity to make decisions about what they did with their time. They chose which individual activities they wanted to be involved in and were able to take part in group activities if they wanted to both in the home and in the community.

People who used the service had access to information about who they could contact if they had concerns that they had been harmed or were at risk of being harmed. We saw that safeguarding had been discussed with people at a residents meeting.

Overall medication was well managed, however a number of minor improvements were needed such as ensuring homely remedies (over the counter medication) had not expired and that there was a need for a clearer risk assessment to be in place where a person, with capacity, regularly refused to take their medication.

We saw that the house was comfortable, homely, clean and tidy. The provider was aware that the home appeared tired in parts and was in need of decoration and that some carpets needed to be replaced as they posed a potential trip hazard.

The staff we spoke with had a good understanding of people's risks, individual needs and personal preferences so that they could support people effectively.

We saw that to ensure people's right to privacy they had keys to their bedrooms and opened any letters that came to the home that were addressed to them.

We spent time looking at the care and support records with a person who used the service. They confirmed they had been involved in developing the records.

Staff told us they had received a range of training and had the support they needed from the registered manager and providers to enable them to deliver effective care.

Staff members we spoke with said that the registered manager and the providers were very approachable and supportive.

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. Feedback from staff who worked at the home had also been received.

Systems were in place to record and review complaints. People were encouraged to express their views about the service they received and discussion about how to make a complaint had been undertaken at recent resident's meetings. No complaints had been received at the home.

The provider was aware that they did not have all the systems they needed in place to regularly monitor and audit the quality of care provided at The Elms. The provider was working with a local quality assurance officer and good progress had been made in addressing the outstanding issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Overall medication was well managed, however a number of improvements were needed such as ensuring homely remedies (over the counter medication) had not expired and the need to ensure that there was a clear risk assessment in place where a person who had capacity regularly refused to take their medication.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

Staff we spoke with knew people and their individual needs and risks well and what action needed to be taken to keep people who used the service safe.

Is the service effective?

Good

The service was effective.

All the people who lived at the home had the capacity to freely express their views and opinions about the service they received and what they wanted to do in their day to day lives.

People were supported to maintain good physical and mental health through attendance at routine appointments for example with doctors, dentists, chiropodists and opticians. Where people required additional support this had been arranged, for example psychiatrist.

Staff received an induction, which included shadowing established staff to get to know people. They did not work alone with people until they felt safe and competent to do so. Staff told us they had received a range of training and told us they were well supported to effectively undertake their role.

Is the service caring?

Good

The service was caring.

The relationships we saw between people who used the service and support workers were warm, frequent and friendly. The atmosphere was calm and relaxed.

People we talked with told us that they were able to make their own choices about daily activities and that they could choose what to do, where to spend their time and with whom.

A community based professional we had contact with informed us that during a visit to The Elms to talk with a person who used the service they had observed an excellent relationship between the person and the support staff.

Summary of findings

Is the service responsive?

Good 

The service was responsive.

We found people who used the service were encouraged to become as independent as possible with staff support arranged to meet their individual needs.

People were involved in a range of different activities both inside and outside the home depending on their individual needs and personal wishes. People had contact with their families and friends as appropriate.

We saw that complaints were appropriately handled. Records indicated people had been satisfied with the way their concerns had been dealt with.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

We saw that they interacted well with people in order to ensure that they received the care and support they needed.

Is the service well-led?

Requires Improvement 

The service was not always well led.

Systems were not in place to regularly assess and monitor the service provided.

People who used the service and staff reported the registered manager and the providers were approachable and supportive.

The Elms

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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 also reviewed all the information we held about the service including notifications the provider had made to us.

We had contact with the Local Authority safeguarding team and the commissioners of the service to obtain their views about the service. We also contacted community based professionals who supported people who used the service.

This inspection was unannounced and carried out by two inspectors.

We visited the home on 5 November and spoke with four people who used the service and two support workers and briefly with the registered manager and the provider responsible for the administration of the home.

During the inspection we spent time with people who used the service and support workers. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included, two people's care records as well as medication records and the home's menu.

On 11 November we spent time with both the owners. We talked with the providers about their plans to make improvements to all three services that they were responsible for and looked at maintenance, recruitment and other records relating to the running of them.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with told us that they got on well together and they felt safe at the home. There were no behavioural management concerns at the time of our visit and physical intervention techniques were not used. One person had consented to a restriction being put in place around their money. They said this restriction had been put in place to help them manage an issue that impacted on their health and well-being.

The term safeguarding is a word used to describe the processes that are in place in each local authority to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding was available on the notice board for people to view and had been discussed at a recent resident's meeting as had the importance of personal safety outside the home.

Staff told us they had received training in the safeguarding of vulnerable adults. This was confirmed by staff training records we looked at. A support worker we spoke with told us what action they would take if they witnessed an abusive incident or if a person disclosed information of concern to them.

Staff members were familiar with the term whistleblowing in relation to witnessing poor practice by colleagues. A staff member told us they would raise any concerns with the registered manager or if necessary the local authority and CQC. They were confident they could raise any issues and discuss them openly with the registered manager and the providers.

During the inspection we saw that the environment was clean and there were no malodours detected. We saw that there were systems in place to prevent the spread of infection for example colour coded mops and buckets were used in different areas of the home such as the bathrooms and kitchen. We were told that colour coded clothes were not used. The use of colour coded clothes would help to reduce the risk of cross infection between bathroom and toilets and the kitchen. The provider told us they would make sure that these clothes were purchased.

A test had been carried out on the water at the home to ensure that there was no Legionella present. A valid certificate had been in place to confirm this.

Staff members were responsible for cooking and cleaning as well as supporting people with daily living skills. A staff member showed us the weekly cleaning rota that was completed by them. Wherever possible, people took responsibility for household tasks such as preparing meals, washing and drying after meals, washing their clothes, vacuuming and general cleaning. This helped to support people to maintain or develop their independent living skills

People showed us around the communal areas of the house. We saw that whilst the house was comfortable and homely, it was tired in appearance in parts and some carpets needed to be replaced as they were becoming a potential trip hazard. Before our visit we received a Provider Information Request form which indicated that the providers were aware that improvements were needed to the home and they were putting these in place.

We saw valid maintenance certificates for portable electrical appliances, electrical fittings such as plug sockets and light switches and a gas safety certificate.

The kitchen was seen to be clean, tidy and well organised. Colour coded chopping boards were available for people to use to help prevent the spread of food related infections. Fridge and freezers temperatures were all checked and recorded kept to help ensure that food was kept at safe temperatures. Food stuffs in jars for example jam and ketchup had a sticker on them to show when they were opened and were not used beyond their shelf life.

Staff members were kept up to date with any changes in people's needs during the handovers that took place at every staff handover. This helped to ensure they were aware of any ongoing issues so they could provide appropriate support to people.

Staff were responsible for the administration of people's medicines we saw systems were in place to record what medication people had taken. We looked at the Medication Administration Record (MAR) charts for people who used the service and found these were fully completed.

Overall medication was well managed, however a number of improvements were needed such as ensuring homely remedies (over the counter medication) had not expired and the need to ensure that there was a clear risk assessment in place where a person who had capacity regularly refused to take their medication.

Requires Improvement

Is the service safe?

This was a breach of Regulation 13 Management of medicines.

We looked at the recruitment files held for two staff who were employed within the organisation. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations.

Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people. The provider told us that part of the interview included candidates spending time with people to check they were able to communicate effectively with them and also gave people who used the service an opportunity to comment on the candidate's performance.

The rota's we saw confirmed that there was always one member of staff on duty to support people. Where people needed support outside the home for example hospital appointments additional staff came in to support people. A person told us how they had been supported by staff during a hospital admission.

Good

Is the service effective?

Our findings

All the people who lived at the home had the capacity to make their own decisions about their day to day lives. We talked with the provider about the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). They told us about the training they had undertaken via the local authority for managers. The training had been delivered by a barrister who specialised in this area. This information was said to be available for staff to refer to at each home. We saw records that showed that any new information relating to the MCA, DoLs and safeguarding was shared with staff at team meetings and they signed to say they had seen it.

We talked with the two staff members who were supporting people who used the service on the day of our visit. They told us about the training and support they had received since they had started to work at the home to help them to support people safely and effectively.

The members of staff told us they had shadowed an exisiting member of staff for a number of weeks to help them to get to know people and the day to day routines of the home before working alone with people. They said they were encouraged to tell the registered manager and the providers if they did not feel comfortable and safe to support people.

The staff told us that the registered manager and the providers were always contactable should they need additional support. We were told that a verbal handover took place at every shift change so that staff knew what support people needed from them.

No agency staff were used at the home. If additional staffing were needed at the home this was provided by staff from one of the providers three homes. This meant that people were always supported by people who knew them well and ensured good continuity of care.

We asked staff about the training they had received. One staff member showed us their training file. They file showed they had completed basic training in food hygiene, health and safety, first aid, fire awareness, infection control, medication moving and handling, dignity, safeguarding, the Mental Capacity Act (MCA) and Deprivation of Liberty safeguards (DoLs). Most of the basic training had been completed through the local authority training partnership. This was confirmed on the team training record we saw.

The staff member told us they were in the process of completing their QCF Level 2 in care and they were meeting their assessor that afternoon. This demonstrated staff were supported to continue to develop their skills and knowledge through gaining nationally recognised qualifications.

We spent time in the kitchen and dining area, which was the 'hub of the home' with the four people who were home at the time of our visit. We saw that there was plenty of food available to eat and people confirmed that was always the case. The staff member told us that food was ordered online and delivered to the home once a week. People told us they could go to the local shops if they ran out of anything.

There was a five week rotating menu that showed one choice for the main meal of the day. However we were told that the menu could be changed if people wanted something different and a record was kept of what people actually had eaten. Staff had access to a record of people's food and drink likes and dislikes to help plan meals. We were told by a staff member that from time to time people would get together and discuss the menu and change it.

People told us they could access the kitchen at any time to get a hot drink and a jug of cold juice was always out and available for them to drink. A bowl of fresh fruit was usually placed on the kitchen table. It was empty at the time of our visit but one of the people that lived at the home told us that fresh food was kept down the cellar to keep it cool.

People told us that one of the staff was a "good cook" and that staff being able to cook well was really important to them. Some people also got involved in helping to prepare and cook meals either for the group or for themselves. There were no concerns about people's weight of any people who lived at the home and no special dietary needs were in place.

We saw that visits to see health care professionals such as doctors, dentists and opticians for routine check ups were recorded. People told us they were supported by staff to attend these appointments. One person told us they had not been to see an optician because they thought they did not need glasses. Routine check ups with health care professionals helps to promote good physical and mental health.

Good

Is the service caring?

Our findings

The atmosphere at the home was calm and relaxed. All the people who lived at the home had the capacity to freely express their views and opinions about the service they received. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. People we spoke with told us they got on well together as a group.

People looked well cared for and were well dressed.

It was clear from discussions with support workers that they had a good understanding of people's individual needs and they told us what action they would take to ensure that people were safe for example where it was agreed that people stayed out regularly they spoke to the person directly to confirm they were safe rather than accept a text message from them.

We saw that the provider had recently purchased a large touch screen computer. Some people who used the service had developed their own social media page as a means of maintaining contact with family and friends.

A community based professional we had contact with informed us that during a visit to The Elms to talk with a person who used the service they had observed an excellent relationship between the person and the support staff.

Another commented, "When I visit, I often get a sense that the service offers a very homely environment, which is really positive, however I also feel that perhaps an area for further improvement is getting the right balance of "professionalism" and having that "personal touch", both of which I believe are important." This comment was supported by another community based professional.

We saw that personal information about people who lived at The Elms was stored securely which meant that they could be sure that information about them was kept confidential.

Good

Is the service responsive?

Our findings

We looked at the person centred care records of two people who lived at the home. With the agreement of a person who used the service we looked at their care records with them. They confirmed that they had been involved in developing their plan and the information about them was correct. For one person we saw that their person centred plan had been completed. For a newer person their plan had been started but not fully completed.

We saw on one care records we looked at there were copies of a community care assessment and care plan that had been undertaken by health and social care professionals. This should help ensure staff were able to respond appropriately to people's needs.

We saw that there was a copy of the local authority assessment and care plan available on both people's records prior to the moving into the home. This information looks at how people manage day to day activities and identifies were additional support is needed.

The community based professionals we had contact with told us of occasions where they had placed people at the providers group of homes. One professional commented, "I have often had to use the service to place people in an emergency, and have always found the staff and managers to be responsive to meet people's needs, often under difficult circumstances."

People told us there was a range of activities available for them to participate in both in the home and in the local community; this included a computer course, getting books out of the library as well as visiting family and friends.

We found people who used the service were encouraged to become as independent as possible with staff support tailored to meet their individual needs.

We saw a record of where a person had made a complaint that this had been investigated by the provider and action had been taken to resolve the issue. When the investigation had been completed the record had been signed off by the provider and the person who had made the complaint. This indicated the person who used the service was satisfied with the way their complaint had been dealt with.

The provider had recently developed a compliments, comments and complaints file which was accessible to both people who used the service and members of staff. The file contained forms that covered these areas and also a quality assurance form and a staff feedback form. Envelopes were provided for people to use if they wanted to provide anonymous feedback.

Requires Improvement

Is the service well-led?

Our findings

The role of registered manager was shared between two people one of whom was one of the providers [owner] of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission of any safeguarding incidents that arise. We checked our records and saw that the registered managers for this service had done this appropriately when required.

The provider told us about the training they had undertaken recently to ensure their continued professional development. This included attending a fire awareness training session for registered providers, which was held at the local Fire Station. The training covered provider's responsibilities under the Fire Regulations and Personal Emergency Evacuation Plans (PEEPs) for people who used the service. They had also undertaken medication audit training and Mental Capacity Act and Deprivation of Liberty training.

They registered provider told us they were involved in attending local partnership meetings. This help them to keep up to date with changing legislation and guidance for example ensuring that home cooked food was allergen free and changes to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.

The provider told us that this was information was shared with staff at team meetings and people who used the service at resident's meetings.

The provider was clear about the need to ensure the service was run in a way that supported people's individual needs and promoted their right to lead their own life as much as possible. People were supported to maintain links with family and friends within the wider community. We saw that people were able to speak openly and freely with the registered manager and the providers in order to express their views and opinions.

People who used the service and staff told us the registered manager and both owners were approachable and supportive. Support workers told us they were encouraged to raise any concerns they had with the registered manager and the providers. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We saw that quality assurance questionnaires had been sent out to people living at the home in September 2014 asking for their views and opinions of the service. However there had been no responses from the home and we saw information that this was to be looked at again by the providers. Feedback from staff who worked at the home had been received.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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.

The provider was open with us both on the PIR and during our discussion with them that improvements were needed to ensure that effective quality assurance systems were always in place at The Elms. The provider told us they were working hard to make sure that the necessary improvements were in place as soon as possible. This included consideration of purchasing an electronic system to help support them to manage the homes within the group with person centred planning, policy and procedures, auditing and quality assurance.

Monitoring of the standard of care provided to people funded by the local authority was also undertaken by the local contract and the quality assurance teams. This was an external monitoring process to ensure the service met its contractual obligations to the council. We were informed by the local authority before our visit that they had carried out a quality assurance monitoring visit and shortfalls had been found, particularly around the lack of policies and procedures.

Before our visit we received a copy of the local authority action plan that was in the process of being completed by the provider. We discussed the action plan with the provider and found that around 50% of the action plan had been completed and further progress was on-going.

Requires Improvement

Is the service well-led?

Outstanding action areas included for example, the development of audits for control of infection as well as the need for policies and procedures to be put in place to cover data protection and confidentiality.

This was a breach of Regulation 10

The provider told us they met regularly with the quality assurance officer and they had been very supportive in helping them to make improvements to their auditing tools and paperwork and meeting regularly to monitor progress and developing systems.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who used the service were not protected against the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Systems were not in place to regularly assess and monitor the service provided.