Somerset County Council (LD Services)

Eldermere

Inspection report

Knowle Lane
Shepton Mallet
BA4 4PF
Tel: 01749 344642
Website: www.somerset.gov.uk

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Ratings

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

Overall summary

Eldermere provides care and support for six people who have a mild to moderate learning disability. People require 24 hour staff support in the home and support to go out. Eldermere is set in its own grounds, close to the town centre.

This inspection took place on 20 and 26 March 2015 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their learning difficulty. Because of this we were only able to have very limited conversations with two people about their experiences. We therefore used our observations of care and our discussions with people's relatives and staff to help form our judgements.

We carried out our last inspection of Eldermere in August 2014. Following this inspection we asked the provider to make improvements to the home's quality assurance system as it had failed to identify potential risks to people's health and welfare. The provider sent us an

Summary of findings

action plan to tell us the improvements they were going to make, which they would complete by 22 September 2014. During this inspection we looked to see if these improvements had been made and found they had.

The home was a safe place for people. They were able to take appropriate risks as part of their day to day lives. Staff understood people's needs and provided the care and support they needed.

The service supported people to have as much control over their own lives as they could. People used many community facilities and were encouraged to be as independent as they could be. People appeared happy with the care they received. One relative said "Staff are very helpful, pleasant and very kind. We are very happy with the care."

Staffing levels were good and people also received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives.

There had been many improvements to the service. The environment had been significantly improved and adapted to meet people's needs. Relatives and staff all specifically commented on how the home had been "opened up." One staff member said "I think the care is excellent here. I've worked here a long time and this is the best it's ever been."

Staff had good knowledge of people including their needs and preferences. Communication and morale throughout the staff team was good. Staff were well supported and well trained. All staff spoken with said the training and ongoing support they received was very good.

There was a management structure in the home which provided clear lines of responsibility and accountability. The management team were passionate about trying to provide the best level of care possible to people. Relatives and staff spoke very highly of the registered manager and the positive effect they had on the service. Staff had adopted the manager's ethos and this showed in the way they supported people.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. One person's relative said "We always chat with the staff so we know what's been going on."

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?

Good

The service was safe. People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make their own choices and to be as independent as they were able to be.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People made decisions about their day to day lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care and treatment.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive. People, and those close to them, were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used many community facilities and were supported to follow their personal interests and hobbies.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined. The registered manager set high standards for the service to aspire to and these were adopted by staff.

Summary of findings

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Good community links were being developed.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Eldermere

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 20 and 26 March 2015 and was unannounced. It was carried out by one inspector.

People had communication and language difficulties associated with their learning difficulty. Because of this we were only able to have very limited conversations with two people about their experiences. We therefore used our observations of care and our discussions with people's relatives and staff to help form our judgements.

We spoke with three relatives on the telephone. We spoke with five care staff and the registered manager during our visits to 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. We observed care and support in communal areas and looked at three people's care records. We also looked at records that related to how the home was managed.

Before our inspection we reviewed information we held about the home, including the provider's action plan sent to us following the last inspection. We also reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Good

Is the service safe?

Our findings

People had communication difficulties associated with their learning difficulty. Because of this we were only able to have very limited conversations with two people; they were able to confirm they felt safe living at the home. Relatives of people in the home told us they had no concerns about the safety of their family members. Each thought it was a safe place. One relative said "(Their relative) has lived there since it opened. I know it's a safe place" and another told us "It's a good place and a safe place."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for staff. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. One staff member said "It is safe here. I've never had a concern but I wouldn't hesitate in reporting one."

People were able to take risks as part of their day to day lives. They were able to enter and leave the home when they wished to. People had free access to the grounds, although there was a gate before people reached the main road. They helped around the home; some people did their own laundry or prepared meals with help from staff. People used many community facilities, supported by staff.

There were risk assessments relating to the running of the service and people's individual care, which were regularly reviewed. These identified risks and gave information about how they were minimised to ensure people remained safe. Risk taking was seen as part of everyday life, although people were offered support and guidance by staff about risks due to their learning difficulty. One person with a visual impairment was independently mobile in the home. There were risks due to this but this person appeared very good at 'mapping' their environment and were able to find their way around the home. Cleaning products had previously been locked away, although they did not present an identifiable risk as there was no history of any person using these inappropriately. These were now left unlocked, although if people helped to clean the home they were always supported by staff.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

The registered manager said they had very few accidents or significant incidents at the home. This was confirmed by the incident records. Staff completed an accident or incident form for every event which was then reviewed and signed off by the registered manager. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. The provider employed a small team of 17 staff which ensured consistency and meant staff and people in the home got to know each other well. Staffing numbers varied depending on needs, such as people's plans for the day. The records we looked at showed that there were often five or six staff during the day so that people had one to one staffing.

There were effective staff recruitment and selection processes in place. Appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. One staff member confirmed that all of these checks were carried out before they started working in the home.

People had prescribed medicines to meet their health needs. Each person had a safe place to keep their medicines in their own room. People took their medicines when prompted by the staff. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. One person said "yes" when we asked if they were happy taking their medicines.

Staff said they only helped one person at a time and always checked to ensure the correct medicine and dose was given. Staff told us they received medicines training before

Good

Is the service safe?

they were able to give medicines. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Good

Is the service effective?

Our findings

Relatives told us staff understood their family member's care needs and provided the support they needed. Staff were particularly good at picking up signs that people were unwell as often people would not be able to say. One relative said "Staff do pick up on it if (their relative) is not well or in pain. They can't say themselves, so it is very important. She is well looked after."

Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. The staff training records confirmed that all new staff received a thorough induction before they supported people. All staff received mandatory training such as first aid and health and safety. Staff had been provided with specific training to meet people's care needs, such as caring for people who have epilepsy or a visual impairment.

Staff received regular formal supervision and annual appraisals to support them in their professional development. There were regular staff meetings and a handover of important information when staff started each shift. One staff member said "The training and support is really good. You are always asked about what other training you would like to do. We have supervisions and monthly team meetings. These are good for everybody, coming together to share ideas."

The staff team were supported by health and social care professionals. People saw their GP, dentist and optician when they needed to. The service also accessed specialist support, such as from a speech and language therapist, an occupational therapist and a community nurse. People's care was tailored to their individual needs. For example one person's care plan stated they needed to eat "higher calorie foods" as they needed to gain weight. Their relative said "They've looked after him well. He's put on weight; when he went there he was losing weight."

Some people were able to say "yes" or "no" when given choices. Other people used objects to communicate, for example one person put their hat and coat on when they wanted to go out for a walk with staff. Staff knew people well and were able to interpret their body language or non-verbal communication. People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained what signs to look for which would mean the person was feeling anxious or upset.

People were able to make some of their own decisions as long as they were given the right information and time to decide. People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member said "People can make a lot choices and decisions. The service is all about them, very service user led. It's all about what they want to do."

Staff showed that they were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. Staff knew that people's ability to make choices could fluctuate. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, one person needed a medical procedure which required the use of anaesthetic. The person was unable to consent to this so people close to them and health care professionals had made the decision to proceed with the treatment in their best interests. The records relating to the decision making process were not easy to navigate as, although the correct process had been followed, each step of the process was not clearly recorded. The registered manager told us this would be improved.

Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications had been submitted to the local authority because a main gate was now in place so people could not leave the grounds without staff support. The outcomes of the applications were awaited at the time of our inspection.

People had a varied, balanced and healthy diet. People were involved in choosing the meals and in food shopping. One person went out to help with food shopping on the first day of our inspection. People chose lunch during our

Good

Is the service effective?

inspection; some people made their choice after looking to see what was in the cupboards or in the fridge. People ate without staff support, although sometimes people required a little prompting by staff. Staff sat with people and spoke with them; lunch was a relaxed, social time.

The environment had been significantly improved and adapted to meet people's needs. Relatives and staff all specifically commented on how the home had been "opened up." A conservatory had been built onto the lounge, giving people more communal space. The front door was no longer kept locked as the garden area had been made more secure so that people could use it independently when they wished to. Chickens were kept in the garden which some people helped to look after. One relative said "it's all been really opened up. All the doors are open now. There's more space, like the lovely conservatory. That's all (the manager's) doing. She has created a very nice atmosphere there. It's now a lovely country house."

One person was helping to paint their new summer house and the furniture to go in it when we inspected. Staff said this person liked to spend time in the garden and this would provide them with a nice place to sit. This person said "yes" when we asked if they were happy painting. Each person had their own distinctive bedroom furnished and decorated to their individual preferences. Bedrooms contained people's personal belongings such as posters, pictures, photographs, TVs, DVDs and music equipment to make them more homely. One person who had mobility difficulties had a ground floor room.

Good

Is the service caring?

Our findings

Staff introduced us to each person and explained why we were visiting. People responded to us mostly in non-verbal ways, such as smiling, but two people were able to say they were happy with the staff and the support they received. People's relatives praised the way staff cared for their family member. One relative said "The staff seem very good. (Their relative) is well cared for. She seems very happy." Another said "Staff are very helpful, pleasant and very kind. We are very happy with the care. (Our relative) is always happy when we see him. He is always well turned out."

We observed a lot of kind and friendly interactions between people and staff. We saw that people interacted with each other; there was a calm and homely atmosphere. Staff spoke with people in a polite, patient and caring way and took notice of their views and feelings. One person had a lie in as they felt very tired. When they chose to get up staff helped them get ready for their day. Staff paid great attention to people and often picked up on small things. For example, one person had a drink but was constantly picking up the cup and putting it down again. One staff member noticed this and thought the cup might be too full or too heavy for the person so they changed the cup for a smaller one. The person then finished their drink.

Staff were proud of the care they provided to people. They felt there had been many positive changes and people's care had improved. One staff member said "I think the care is excellent here. I've worked here a long time and this is the best it's ever been." The trusting relationships staff had built with people had helped to create a stable, homely and relaxed atmosphere. Staff were clear that this was one of the main aims of the service. One staff member summed it up by saying "There is a lovely, family atmosphere here. It's really like their home, not a care home." Two visiting health professionals had complimented the home on the calm, relaxed and homely atmosphere created by staff.

People were encouraged to be as independent as they could be. Staff understood that some people often made small steps, but they could be significant for that person. Some people helped around the house, with meals and looking after the animals. Others chose not to and this was respected. The changes made to their environment had also helped people's independence. One staff member said "We try to keep developing ideas and try to promote independence."

Staff treated people with respect. They consulted people about their daily routines and activities and no one was made to do anything they did not want to. People were asked throughout the inspection what they wanted to do and chose how to spend their time. One person said "I don't know" when staff asked what they would like to do. Staff offered choices; they asked "would you like to have a quiet day?" and the person answered "yes." They then spent some of their day quietly at home.

People were supported to maintain their privacy. Each person had their own room so they could spend time alone when they wished to. Staff always knocked on people's bedroom doors before they entered the room. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information was kept secure. People kept their own care plans in their room; other records which staff needed to complete each day were kept securely.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. People were encouraged to visit as often as they wished and staff supported people to visit their friends and relations on a regular basis. One person visited his parents every week. They used to visit twice a week but had decided to reduce the visits and these had therefore reduced. One relative said "We go up and visit every couple of weeks. You are always made very welcome. We always chat with the staff so we know what's been going on."

Good

Is the service responsive?

Our findings

Each person was well supported; they had one to one staffing at times. People were able to plan their day with staff. On both days of our inspection people were busy, coming and going at various times. People were able to do the things they wished to do. One person said "yes" when we asked if they liked the things they did. Records showed that people went swimming, shopping, for meals out and day trips to the coast and other places of interest. Staff had access to two vehicles to take people out in.

Relatives spoken with said their family members chose a lifestyle which suited them. They told us people were well supported in choosing activities and outings they enjoyed. One relative said their family member "does lots of things. They have a holiday every year which they really like. They like going out and they like music so they have their own i-pod. There's always lots going on."

Staff provided support and encouragement to people to help them do more or try new things. For one person, staff had supported them to have 'experience days'. These gave the person the chance to visit new places and see how they reacted to them. For example, they had shown an interest in trains so staff had supported them to go on a steam train. They particularly enjoyed cars and now had their own car (not for road use) which they were able to sit in when they chose to. One of their parents said they "loved the fact he can go in and out to his car when he likes."

New activities had been suggested by staff to encourage people to socialise with others who did not live at the home. A supper club had been started. People from some of the provider's other homes were invited for a 'themed' meal based on a particular country's popular dishes. These nights had become extremely popular. The home also ran 'film nights' as they had a projector and a large screen. Again, other people were invited into the home on these nights. Staff said people in the home really enjoyed these events. One staff member said "It has made a huge difference and allowed people to socialise and make new friends. It's such a normal thing to do, have friends round for a meal or watch a film."

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as family members, were also consulted. One relative said "I know what's going on. We talk to the staff, they always involve us. I've got no worries about that." Another relative said "We see the staff all the time because (their family member) visits every week so we always know what's going on with them. We have no problems with that."

We looked at two people's care and support plans. People moving to the home had a thorough assessment to ensure the service was able to meet their needs. Care plans included people's interests, likes and dislikes, communication and support needs. For example, we saw that where a person had a visual impairment this sensory loss was identified, and the measures put in place to support them were recorded. People's care needs were kept under review and care was delivered in line with their individual care plan. One health professional had complimented staff on their "excellent recording" in care records.

There was a complaints policy and procedure. People would not be able to use the complaints procedure independently; they would rely on staff to help them or others to raise concerns or complaints on their behalf. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said "We have no problems with the home at all; it really is a very nice place. If I did have a problem or was unhappy I would be happy to talk to (the manager). She is very nice and easy to talk to."

We looked at the record of the one complaint which had been made in the last 12 months. This had been taken seriously and investigated in line with the provider's policy. This had been upheld and appropriate action had been taken to prevent a recurrence.

Good

Is the service well-led?

Our findings

We carried out our last inspection of Eldermere in August 2014. Following this inspection we asked the provider to make improvements to the home's quality assurance system as it had failed to identify potential risks to people's health and welfare. The provider sent us an action plan to tell us the improvements they were going to make, which they would complete by 22 September 2014. During this inspection we looked to see if these improvements had been made and found they had.

Accidents and other significant incidents were checked by the registered manager and then entered on the provider's electronic reporting system. This ensured appropriate action was taken. The temperature of hot food was now measured and recorded in line with the environmental health officer's recommendations made following their visit to the home in November 2013.

A registered manager was responsible for the service. They were supported by three senior members of the team. The registered manager told us the aim of the service was to support people to "lead their own service; not to have set routines and be led by each person." The ethos was reinforced at staff supervisions, team meetings, through observation of staff practice and each day at staff handover meetings. Staff had clearly 'bought in' to this and worked in ways which promoted these ideas. One staff member said "It's all about the people, trying to improve their care and supporting them to live their own lives."

People's relatives and the care staff all spoke very highly of the service and of the registered manager in particular. Each relative thought all the positive changes in the service had been led by them. The registered manager said they had an excellent team and everyone pulled together. Care staff were always willing to help out, put forward ideas and learn new skills. Staff were very positive about the registered manager. They felt they encouraged them and supported their ideas. One staff member said "She is an inspirational manager; all of the positive changes are down to her really. People seem so much happier" and another told us "She is amazing, totally focused and wants what's best for people. She is always open to new ideas. Such a difference since she came."

When the registered manager first came to the home they identified that one person's needs were not being met; they were not living in a service which suited them. This person also had an adverse effect on other people. The registered manager had a key role in supporting this person to move to a more appropriate service. This had also helped to improve the service for the people who remained at the home. The registered manager had also developed good working relationships within the organisation. This had helped them secure additional funding to build the conservatory and plans were now being made to improve some of the home's extensive grounds which were not currently being used.

The home had developed good community links. A close working relationship had been built with the local team who supported people with learning difficulties. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice. People from other residential homes visited to take part in social events. One person and their parent had taken part in a national film project to show positive outcomes for people with a learning difficulty. We viewed the film as part of our inspection; this reflected very positively on the service provided to this person.

People shared their views on the service. Some people could discuss this with staff who knew them well. Other people could show their satisfaction in how they responded to the care and support being provided. People's relatives were consulted. There was no formal collection of views, such as an annual survey, as the service was small and staff were in regular contact with relatives. The provider did have 'feedback cards' which people could use and send back directly to them, although they did not appear to be widely used. A record of compliments were kept; these were reviewed during the inspection.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager completed a monthly audit; if any improvements were needed they completed an action plan. The service manager visited and monitored the service bi-monthly, and undertook checks. Records of their last two visits showed they reviewed issues relating to people and staff as well as health and safety. A clear record was kept of what the registered manager had been asked to do and when this had been completed.