

The Worthies Residential Care Home Limited

The Elms

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 25 October 2016 and was unannounced. When The Elms was last inspected in November 2015 there were no breaches of the legal requirements identified.

The Elms is a residential care home without nursing and provides care and support for up to 14 older people. On the day of our inspection there were 12 people resident in the home.

The service has a registered manager. 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 2008 and associated regulations about how the service is run.

The registered manager and provider had improved the quality monitoring systems in place. These systems were used to improve the service and embed a culture of continuous improvement throughout the service.

People were involved in how the home was managed. Regular meetings took place to give people a chance to have their say; the feedback was used to improve the home and the people's experience of living there.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff and people we spoke with felt the staffing level was appropriate. Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their care needs. We have however made a recommendation around competency checks for staff that have been trained with a previous employer.

Staff understood their safeguarding responsibilities and whistle-blowing policy and procedures. Staff supervision was undertaken regularly and staff felt well supported by the registered manager.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care and we received positive feedback from people's relatives and visitors. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

Care provided to people met their needs. Care records provided personalised information about how to support people. We saw that the service took time to work with and understand people's individual preferences in order that the staff could respond appropriately to the person. People were also supported to undertake person centred activities and be involved in the local community.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to

make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were met and this included information about medical appointments with GP's and dentists.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded

We have made one recommendation in relation to training; We recommend that staff who have had training with a previous employer are checked for competency in these areas before they work unsupervised to ensure they are suitably skilled .

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.

There were sufficient staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

Medicines were managed and administered safely.

The service had safe and effective recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

Staff had received training which enabled them to have the skills to undertake their role. Staff received regular supervisions.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about the meals on offer.

People were supported to access health care services.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring,

warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided staff with the information needed to provide person centred care.

Staff communicated effectively with people and involved them to make decisions about the support they wanted

The service had involved other professionals to support people.

The service had a robust complaints procedure.

Is the service well-led?

Good ●

The service was well-led.

The manager promoted a positive culture to ensure that the service was person centred.

The provider and manager had quality assurance systems in place to ensure continuous improvement to the service.

People told us staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25 October 2016. This was an unannounced inspection, and was carried out by one inspector and one 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke to six people who used the service, the registered manager the deputy manager, five relatives, three members of staff and a visiting health professional. We tracked the care and support provided to people and reviewed four care plans relating to this. We also looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

Is the service safe?

Our findings

People told us they felt safe at the service. People said "I am safe here, I feel relaxed, I can manage but know they are there if needed", "I am safe here, they are looking after me well, nobody bothers me" and "I am very comfortable here, I am safe, they make sure I do not fall." Visitors to the service said "We love visiting [person's name], just by looking at their smile when we arrive we know everything is alright, there are always enough staff and you can see how much [person's name] trusts and likes them by the way they are together" and "My [relative] is definitely safe here and well looked after, staff know [relative] so well."

The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us that they would report any issues of concern to the registered manager. However they also knew that they could speak to the safeguarding team directly if they felt this was appropriate. Staff members were also knowledgeable about the service whistle-blowing policy.

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe. For example one person using the service has difficulties with their breathing. Staff were able to tell us about breathing exercises and the use of the person's inhaler to assist their breathing as documented in their associated risk assessment.

Incidents and accidents were recorded and cross referenced to the care files of people involved in the incidents. We saw that preventative measures were also identified by staff wherever possible and that some of the risk assessments were updated if required, particularly in relation to falls.

The registered manager explained how staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs throughout the day. We found that the staff rota was planned and took into account when additional support was needed. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service or by staff from one of the provider's other homes. Visitors we spoke with also felt there were sufficient staff on duty. One visitor said "I visit regularly at different times of the day and there are always enough staff around."

There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The service had developed suitable arrangements for the safe storage and administration of people's

medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of contra-indications. We saw that staff had been trained in the administration of the medicines. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely.

The provider had a business continuity plan in place. This set out the arrangements to be followed if the home had to be evacuated for any reason. The plan included what would happen if for example the premises caught fire or if there was failure of any utility services. Personal emergency evacuation plans (referred to as PEEPs) had also been prepared for each person.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it.

At this inspection we found that although the registered manager had improved on ensuring training was undertaken, some new staff had not completed the provider's training programme before working unsupervised. We were told that this was because the staff had already completed training with a previous employer. We were told that these staff had been observed during their induction period to ensure they were competent in the training they had undertaken with their previous employer. There was not however any formal record of these competency checks to ensure the member of staff was suitably skilled. People and their relatives were however satisfied that staff had the necessary skills and training to care well for their loved one.

We recommend that staff who have had training with a previous employer are checked for competency in these areas before they work unsupervised to ensure they are suitably skilled.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. When we spoke with staff they told us they were given opportunities to speak with the registered manager about any concerns they had or any development they needed and that they felt well supported. One member of staff said "I've had an issue before and it got dealt with very quickly [registered manager's name] and [senior staff member] are brilliant and understanding."

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions, for example in relation to people's medicines. The service had invited appropriate people such as family members to be involved with best interest meetings which had been documented.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's capacity to make decisions had been assessed where needed and appropriate DoLS

applications had been made.

We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a good knowledge of the act when they were asked about the principles of the MCA and DoLS. Care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People were weighed monthly and if someone was noted to have lost weight, this was discussed with the GP.

We observed lunch during our inspection. The menus were displayed on the wall in the dining room and there was a choice of two main courses. Tables were well laid with cutlery and drinks were offered. The meals looked and smelt appetising and were of a 'home cooked' appearance and quality, portion sizes were appropriate and there was little wastage. People appeared to enjoy their lunch which they had chosen from the picture menu and as it was being served staff informed people what they were being given for example "This is your roast lamb." When a person needed support with their meal, this was offered by staff in a calm and unhurried manner, staff taking their cue from the person when they were ready for the next spoonful, and offering the person sips of their drink as required.

The atmosphere was pleasant and staff and people were laughing and joking with people throughout the service people who were assisted by staff to eat their meals were given quietly spoken subtle encouragement by staff. The whole lunchtime meal was treated as a relaxed sociable experience. We saw that people enjoyed the food and the interaction with each other and staff. Snacks, fresh fruit and hot or cold drinks were also provided at regular intervals during the day. People who have a late breakfast have the option of having their lunch later.

People we spoke with were very positive about the food and drink provided by the home and told us they received their preferences even if they were not on the menus. People said ""Food is good, I like everything I get, it is cooked nicely", "I eat everything I am given" and "Food is so good, I enjoy my food, I am getting fat because I eat so much."

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

A visiting health professional said they had seen improvements in the way in which the staff referred information to them and their confidence in recognising when a person needed additional assistance. The professional also said that the staff were "really caring and know people very well" and [registered manager's name] knows people very well and has learnt a lot in the last 18 months."

Is the service caring?

Our findings

The registered manager and staff knew people exceptionally well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed reminiscing about their working life. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One relative said "Staff treat [person's name] as an individual" and "My loved one is always praising the staff, and gets all the care he needs."

Relatives we spoke with were eager to tell us how well they felt the service catered for their needs as well as their relatives who were being cared for. One relative said "I am very reassured and have not had a worry about my [relative] since they came to The Elms and they are very well looked after" and "I trust the staff wholeheartedly, without them and The Elms, my loved one would be dead; they have gained their trust and respect."

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed.

People told us they were treated with dignity and respected by the staff. People told us that staff were respectful when undertaking their personal care. People said their dignity was maintained, for example one person said "They look after me nicely as I want them to." We also observed staff knocking on people's doors and waiting for a response before entering. Other comments made by people included ""They ask me what I want and are as good as gold. I could not ask for anything more", "Staff are here for us they try to do their best", "Staff are nice people, they are kind to us" and "They are lovely to me, like family."

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home. We also saw that staff facilitated a weekly 'facetime' phone call for a resident whose close family member lives abroad. This was a source of comfort for both.

Staff told us they enjoyed working at the home and the relationships they had formed with people; we also saw that staff went further than required to ensure people's happiness. We were told by a relative that two members of staff had taken a person to a close family member's wedding recently on their day off. They had also organised for a hairdresser to come to the home beforehand, and arranged suitable transport to take them. The relative told us how much it meant to them to have their loved one at the wedding, and how they could relax knowing they did not have to worry about them.

Is the service responsive?

Our findings

At the last inspection of the service we recommended that 'The provider ensures that all care plans contain sufficient information for staff to provide person centred care. This is to ensure that people's assessed needs are met and that care plans reflect people's personalised support and preferences'.

At this inspection we found that each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. For example one person could brush their teeth independently but not squeeze the toothpaste from the tube. This person's care plan explained how the member of staff should place the toothpaste on the toothbrush to assist the person. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

We also saw that for people who became distressed whilst living with dementia there were conversation starters in their care plans that staff could use to help calm and distract people from their distress. We observed this in practice; a person was seen frequently walking up and down a hallway in a distressed manner, unsure of where they were, or why. Staff quietly gave them the reason, using the same words each time, as if it were the first time, and escorted them back to the sitting room where they engaged them in an activity. We saw that staff remained patient and compassionate whilst people asked them questions repetitively.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were very vigilant and reacted quickly when a person needed support for example, a member of care staff recognising the signs a person needed the toilet; discreetly asking the person if they needed to go to the toilet and escorting them there. Relatives told us that the staff knew what support people needed and provided this as they needed it. Call bells were answered quickly and people confirmed that staff responded in good time.

People and their relatives said they had access to activities they wanted to take part in. We saw that activities staff stimulated people's interests in different ways. We were shown an array of games, quizzes, sensory objects, reminiscence memorabilia and art and craft materials used during activity sessions. Staff organised an activity each morning and afternoon and encourage all people to participate.

During the morning of our inspection people were involved in a painting activity and during the afternoon there was a 'target' game, involving throwing beanbags at a target on the floor. In addition to this there was an outside entertainer who attended monthly, and an interactive musical session. We also found that people visited a nearby farm and a dementia village which helped to provide a reminiscence experience for people living with dementia. The registered manager had also arranged for visits to a local coffee shop so that people could spend time out in the community. People's families and the local community had also been invited to coffee morning events at the home; any money raised was being used towards further trips and activities for people.

People were supported to maintain relationships with their family. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. Relatives said they were invited to discuss care plan reviews and were always informed of any changes in their relatives care or condition and that they also attended a formal review every three months with the manager and a senior carer. Relatives said "All staff know what they are doing, they can answer any question we ask, they talk to us and tell us what our [relative] has been doing; we are well informed" and "All staff seem to know what to do, and who needs attention; I was involved in my [relative's] care plan and know what is going on; when my [relative] had to go into hospital, I was informed straight away." Relatives we spoke with also told us that they were able to visit their relatives whenever they wanted.

The service had received written compliments via email, letter and thank you cards. People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain, and all said they had never had cause to. The registered manager explained that any complaints were welcomed to be used as a tool to improve the service for everyone, there had not been any complaints made since the last inspection.

Is the service well-led?

Our findings

Staff told us that a culture was promoted by the registered manager to put people's needs at the centre of the service. One staff member said "[Registered manager's name] wants this home to be the best it can be for the residents", another member of staff said "[Registered manager's name] has made us feel like we are a family here and that's how we look after the residents, like family."

The registered manager was a visible presence throughout the home and visitors were unanimously positive about the way the home was managed and how approachable the registered manager was. Relative said "The manager will listen and act, he is a good communicator" and "This is a home from home, it is like one big happy family

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns. Staff also understood what whistle blowing was and that this needed to be reported. Staff told us they had not needed to do this, but felt confident to do so.

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. We also saw that the home had introduced a monthly newsletter to help keep all families and friends up to date with plans for the service and any upcoming events.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings about refurbishment of the home, staff training and activities for people. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home.

Staff told us they felt well supported by the registered manager and their colleagues. One staff member said "We are a good team, we all work together well and [registered manager] is very good I can talk to him no problem at all." The staffing rota was well planned in advance and days off and annual leave were usually covered. We also saw that there was an on-call system for staff to be in contact with senior managers over the 24 hour period as required for support.

To ensure continuous improvement the registered manager conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

The registered manager also utilised the services of the local dementia wellbeing team. We saw feedback from a dementia wellbeing team observation of the service from August 2016. The observation report highlighted lots of positive interactions and there were no negative elements recorded.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.