

Elms Care 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

The Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Elms is registered to accommodate up to four people. At the time of our inspection four people with learning disabilities lived at The Elms; two of whom were away when we visited.

There was a registered manager in post. 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.

Staff cared about the well being of people living in the home. We received positive feedback from relatives and people about the kindness of staff.

People were supported by safely recruited staff and there were enough trained and experienced staff to support people in ways that suited them.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received training to enable them to carry out their roles competently.

People were supported to make choices about how they spent their days. Staff had a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and promoted independence and choice. Where people were not able to make a specific decision, staff acted in accordance with the MCA.

People's health care needs were met and staff supported them to see healthcare professionals when appropriate. They were supported to take their medicines safely by staff who had received the appropriate levels of training.

People were supported to develop and maintain their interests and relationships both within the home and the local area.

People and their relatives knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There were quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

## 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 remains Good.

### Is the service effective?

Good ●

The service had improved to Good.

### Is the service caring?

Good ●

the service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# 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 checked 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 announced comprehensive inspection visit took place on 15 December 2018. The inspection team was made up of one CQC Inspector. We announced this inspection because it was a small group home and we wanted to check there would be someone available to talk with us. We also made telephone calls as part of our inspection up to 16 December 2018.

Before the inspection we reviewed the information we held about the service. We had not asked the provider to complete a Provider Information Return (PIR). The PIR 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 were able to gather this information during our visit. We also reviewed information received from a local authority who commission the service for their views on the care and service given by the home.

During the inspection we met two people who live at The Elms and spoke with one of them about their support and their life both in and outside of the home. We observed and listened to how staff interacted with people and spoke with relatives of all four people living in the home in person or by phone. During the visit we spoke with the registered manager and two members of staff.

We looked at records related to all four people's care and support. This included care plans, care delivery records and Medicine Administration Records (MARS). We also looked at records relating to the management of the service including: two staff files with reference to their recruitment and supervision; maintenance records; quality assurance records; training and staff meeting minutes.

# Is the service safe?

## Our findings

Staff, a person and relatives all told us the support provided by staff at The Elms kept people safe. Relatives told us they were kept informed and involved. They understood the measures that were in place to reduce risks and how those were balanced to promote a full and meaningful life. Relatives observed that their loved ones were always happy to go back to The Elms after visiting with them. They told us this would not be the case if they did not feel safe and happy.

Risk assessments covered all relevant aspects of people's lives whilst reflecting their preferences and encouraging their opportunities to make decisions. Staff had clear understandings of these risks and the support they provided to reduce them.

Staff demonstrated a good understanding about identifying potential signs of abuse and knew the process to take if they needed to report internally or contact the local safeguarding team. Staff told us there was a culture of sharing concerns openly and they were able to highlight any issues to management. They also told us that they knew how to whistleblow if they believed concerns were not addressed robustly.

There were enough appropriately trained staff employed to support people. Recruitment practices were appropriate and the relevant checks had been completed on all staff. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable. The team was well established and this was particularly important to people living in the home.

Medicines were administered safely. We checked the stock and storage of medicines and reviewed the medicine administration records (MARS). These records were fully completed with no gaps or omissions in recording. Staff who administered medicines had received up to date medicine training and had their competency checked. Staff understood how people indicated they were in pain and we saw pain relief medicine was administered with an explanation recorded. The protocol for administering PRN medicine included a check with a manager. We asked staff if they were always able to speak to a manager and they assured us that they had always been able to do this and no one had experienced a delay in receiving their medicines. The balance recorded for two pain relieving medicines was not correct. The member of staff with responsibility for overseeing medicines administration explained how they would address this.

There were plans made for safe evacuation from the premises in an emergency situation such as a fire. This information was kept up to date. The provider had a system in place to ensure the premises were maintained safely.

The home was clean throughout our visit. Staff understood their responsibilities and worked with people, to maintain hygiene to ensure infection control within the home.

# Is the service effective?

## Our findings

When we inspected the service in March and April 2016 we made a recommendation about compliance with the Mental Capacity act 2005. At this inspection we found improvements had been made. We found the service was working within the principles of the MCA and applications had been made related to restrictions on people's liberty. Staff understood the importance of discussing and reviewing restrictions to ensure they were not assumed as permanent. Staff showed a good understanding of how people consented to their care and support and the choices they could make each day.

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected preferences and wishes. They covered areas such as communication, eating and drinking, health, personal care, important relationships and faith. Care plans were regularly reviewed and updated in consultation with people, family and professionals when appropriate.

The environment reflected the family home ethos of the service. People had their own personal spaces and shared communal areas. Additional kitchen equipment had been provided to ensure faith needs were respected. .

Staff had the skills and knowledge they needed to perform their roles. Staff explained they could access the training they needed. Training was relevant to the needs of people living in the home and staff were able to use, and develop, their learning alongside colleagues. This happened both day to day and within staff meetings. Supervisions were used to develop and motivate staff, reviewing their practice and focussing on their professional development. Staff commented that they felt supported and encouraged to develop.

People were supported to eat and drink enough to maintain a healthy balanced diet. Meals were planned that reflected their likes and dislikes and faith needs. One person told us they liked the food they prepared in the house and enjoyed going out to eat. Care plans contained details of food preferences and the support required. The kitchen had been assessed by the local food standards in 2011. They had awarded a Level five meaning that the home met the highest standards of hygiene. We saw the kitchen was clean during our inspection.

People were supported to manage their health. Staff supported them to keep active and to maintain relationships and interests. Staff also liaised with health and social care professionals to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.

## Is the service caring?

### Our findings

There was a welcoming and friendly atmosphere at the home. Relatives commented on the caring nature of the staff team and identified the warm atmosphere of the home and told us they were always made to feel welcome. They told us they were assured that the staff cared for their loved ones. One relative told us: "They are kind and lovely" another commented that staff were : "nice, warm and friendly". People were comfortable approaching staff who understood their individual communication styles and methods.

Care and support plans emphasised people's strengths and focussed on achieving outcomes that were meaningful to them. Staff encouraged people to make choices about how they spent their time. They followed communication guidance to support this whilst respecting people's own individual communication methods.

Staff understood the importance in respecting people's rights to privacy and dignity and this was supported by care plans. Care plans also identified the skills people had and outlined what parts of tasks they could do for themselves. We discussed this with staff who told us they encouraged people to do tasks for themselves and provided support where and when it was needed.

We saw genuine affection between staff and people. Some of the staff team had known people over many years and in different settings. This added to their understanding of their history and what mattered to them. Staff all reflected in discussions with us their desire to provide the best possible care and support for the people living in The Elms. Relatives commented that a family atmosphere was created by the staff.

## Is the service responsive?

### Our findings

Relatives were kept informed about changes in the support people needed and their well being. One relative told us: "We are able to talk to staff." Documentation reflected this with clear recording of relative's involvement in reviews of care and decision-making processes.

Staff were attentive to people's needs and ensured that their plans were followed. Staff told us that communication within the home was very good with clear handovers of any changes. They told us this ensured they worked as a team to make sure people were supported appropriately and consistently. Relatives reflected this, identifying the positive impact the staff and environment had had for their loved ones. When there was a change in need, care plans were usually updated to reflect this. We noted that a reduction in the anxiety one person experienced meant that staff no longer needed to implement break away techniques. This had not been updated in their records. The registered manager told us they would address this immediately.

Staff knew about the people living in the home: they knew what and who were important to them and how they liked to spend their time. They knew what activities they enjoyed and how and when they preferred their personal support to be given. They understood how getting to know each person helped them to provide care.

People were supported to follow their interests and this meant they spent their time doing things they enjoyed. When we visited one person told us about the things they were looking forward to doing that day. Staff explained "We try to do whatever they want. Whatever they are interested in, we try to sort it out."

Staff communicated in ways that suited people. These ways of communicating effectively were described in care documents and shared with new staff and professionals appropriately. This meant the service complied with the Accessible Information Standard (AIS). The AIS is a framework put in place in August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they knew how to complain if they needed to, one relative told us: "I can talk through anything." There was guidance available informing people how and who to make a complaint to if required. The service had not received any formal complaints.



## Is the service well-led?

### Our findings

The home had a registered manager in post. 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.

Staff and relatives spoke positively about the registered manager and staff all commented on the availability, approachability and commitment of senior staff from the provider organisation. One relative told us: "My only concern would be if (the manager) stopped doing what they are doing." The person recognised and engaged with familiarity with the registered manager. There was an open, friendly, supportive and reflective culture within the home and a clear management structure. One member of staff said, "I feel supported. I can speak to (the manager) about anything. " Another member of staff told us: "I feel supported. I love it here."

People and relatives were asked for their views on the service as part of quality assurance and these were used to improve the care and support people received. We saw that this was positive and over a period of time any issues highlighted had been addressed.

The registered manager described how they stayed up to date with good practice and how they took up opportunities to share and learn from colleagues and other professionals.

There had not been any notifiable incidents in the home in the year prior to our inspection. There was a system in place to ensure statutory notifications were made to CQC.

The registered manager maintained regular oversight of the service working alongside staff and people on a day to day basis. A range of audits and checks were also carried out to ensure that care plans were up to date, that the environment was safe and well maintained and that medicines were given as prescribed.