Dr V Sapatnekar

# Elm Lodge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 5 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Elm Lodge provides care and accommodation for up to 26 older people with a dementia type illness. On the day of our inspection there were 24 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Elm Lodge was last inspected by CQC on 28 November 2013 and was compliant with the regulations in force at that time.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Accidents and incidents were recorded and regular reviews took place to identify any trends and prevent future accidents from taking place, such as falls.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff were suitably trained and training was arranged for any due or overdue refresher training. Staff received supervisions and an annual appraisal.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Elm Lodge. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service and family members were aware of how to make a complaint however there had been no formal complaints recorded at the service.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were consulted about the quality of the service. Family members told us the management were approachable and had an open door policy.

We have made a recommendation about recording the registered provider's visits to the home.

## 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.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff with their dietary needs.

People had access to healthcare services and received ongoing healthcare support.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and promoted people's independence.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

End of life care plans were in place for people who required them.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a full programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

## Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

Staff told us the registered manager was approachable and they felt supported in their role.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

We have made a recommendation about recording the registered provider's visits to the home.

# Elm Lodge

**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 registered 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 5 January 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. One Adult Social Care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with three people who used the service and three family members. We also spoke with the registered manager, two care workers and the activities co-ordinator.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Good

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe at Elm Lodge. They told us, "She's safe", "I'm absolutely fine with that [safety]", "We find it's very safe" and "They [people who use the service] are never left on their own". A person who used the service told us, "Yes I am safe."

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager and looked at staff rotas. We saw staffing levels were sufficient for the number of people who lived at the home and to meet their individual care needs. The registered manager told us agency staff were not used at the home and any staff absences were covered by their own permanent staff or a member of the management team. People who used the service, family members and staff did not raise any concerns regarding staffing levels. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home is two houses, connected by a ground floor passageway. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. People and family members we spoke with were complimentary about the home. They told us, "It's very nice" and "It's fine".

The registered provider had an infection control policy in place to manage and monitor the prevention and control of infection. Appropriate personal protective equipment (PPE), hand hygiene signs and liquid soap were in place and available and we saw daily cleaning schedules were up to date. This meant people were protected from the risk of acquired infections.

Risk assessments were in place for people who used the service and described the identified hazard, the level of risk, current control measures in place and recommendations for further action to reduce the risk. Risk assessments included mobility and risk of falls, pressure damage and diet and nutrition. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44

degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Window restrictors were in place in the rooms we looked in.

Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Portable Appliance Testing (PAT), gas and electrical servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place, fire alarm and emergency lighting tests and inspections were carried out regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the registered provider's safeguarding people from abuse policy, which was in place to ensure people were protected from all forms of abuse. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibility with regard to safeguarding and staff received training in the protection of vulnerable adults. We found the registered provider understood safeguarding procedures and had followed them.

Any accidents and incidents were recorded on individual report sheets. A monthly review of accidents and incidents took place and an 'accident and incident report register' was maintained so accidents and incidents could be monitored to identify any trends or issues to be addressed.

We looked at the management of medicines and saw a copy of the registered provider's medication management policy. Medicines were stored in locked trolleys, which were secured to the wall. Medicines requiring cold storage were stored in a locked refrigerator. Trolley and refrigerator temperatures were recorded and within appropriate levels.

Controlled drugs were stored separately in a locked cabinet in the office. Controlled drugs are drugs at risk of misuse.

We observed medicines being administered to a person in the dining room. The staff member sat with the person and described what they were doing. The staff member advised the person to have a drink and checked to ensure the medicine had been swallowed.

Medicines were recorded on a medication administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. MARs we saw were complete and up to date.

Staff received annual medication competency assessments. These were an observation of staff administering medicines and checked whether appropriate procedures were followed regarding cleanliness, administration, recording and storage.

Monthly medication audits were carried out by the registered manager and we saw a recent audit had been carried out by the pharmacist, with very few minor actions. One action was for the recording of fridge temperatures and we saw this had been actioned. The external audit identified that staff training and knowledge about medicines was good. This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "They are very nice people. They really look after you", "They are marvellous. Nothing is too much bother. They'll do it if they can" and "The night staff are wonderful too". Family members told us, "They look after her well", "The staff are very nice. Very helpful", "Communication is good. If she's not well, they phone up and let us know", "Absolutely superb" and "We found them fantastic. All of them".

We looked at the provider's staff training matrix, which included a list of mandatory training. Mandatory training is training that the registered provider thinks is necessary to support people safely. The training included safeguarding vulnerable people, mental capacity/DoLS, dementia, moving and handling, pressure area care, infection control, palliative care, fire safety, first aid and medicines. Most of the training was up to date and where there were any gaps, we saw this was planned on the training planner.

New staff completed an induction to the service, which included orientation to the home, policies and procedures, fire and food safety, and care planning.

Staff received supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff we spoke with told us they received regular supervisions and felt supported in their role.

We observed lunch being served. People were offered a choice of drinks and when staff brought food through for people they clearly explained what it was. Staff cut up food for people who required assistance and were on hand to support people as required. Staff encouraged people to eat in a patient and friendly manner and made sure people were finished before clearing dishes away. People who used the service told us the food was, "First class" and "You get plenty of choice".

People's 'Diet, weight, preferences and mealtimes' care plans described people's food and drink preferences and how they were to be supported at mealtimes. We saw one person had a care plan and risk assessment in place to manage their diet. The person had swallowing difficulties and because of this was on a pureed diet. Appropriate guidance was obtained from a dietitian and a speech and language therapist (SALT) assessment had been carried out. This provided guidance for staff to follow and we saw the person's weight was monitored monthly on a weight chart. Kitchen staff were aware of people's individual dietary needs and we observed the kitchen had a list of these dietary needs on the wall. This meant people were protected from risks associated with nutrition and were supported with their dietary needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who required them. Statutory notifications had been sent to CQC for those applications that had been authorised. The registered manager demonstrated a good understanding of the MCA and DoLS and staff had been suitably trained. This meant the registered provider was following the requirements in the DoLS.

We observed that the service had sought consent from people for the care and support they were provided with and also for the having their photograph taken.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The forms we saw were up to date and showed the person who used the service, family members and relevant health care professionals had been involved in the decision making process.

People had communication care plans, which described how people communicated and what their preferred method of communication was. For example, we saw one person was able to have a conversation but became confused easily. Staff were reminded to be patient, allow time for the person to respond and remind the person of the conversation if they became confused. This meant staff were aware of people's individual communication needs.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including speech and language therapists, GPs, district nurses and chiropodists.

Some of the people who used the service were living with dementia. We looked at the design of the premises for people with dementia. We saw that bathroom and toilet doors were painted a different colour and were appropriately signed, and hand rails contrasted with the walls. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. Communal spaces and bathrooms were spacious and free from clutter. Corridors were clear from obstructions and were well lit which helped to aid people's orientation around the home. This meant the service incorporated environmental aspects that were dementia friendly.

Good

# Is the service caring?

## Our findings

People who used the service and family members were complimentary about the standard of care at Elm Lodge. They told us, "They are the kindest, nicest people you could meet", "Very caring. We are very happy", "They are caring and lovely" and "I can't do anything but praise them".

Care records showed how people had been involved in planning their care and people's preferences and choices were clearly recorded. For example, people were asked by what name they wished to be called, whether they preferred a male or female member of staff to care for them, who they wanted to be involved in their care and what people required assistance with.

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity.

People were assisted by staff in a patient and friendly way. For example, we observed staff demonstrated a very caring nature at lunch time. One person was coughing and a staff member asked the person if they would like a drink. Another person required propping up in their chair and the staff member asked the person if they could lean forward while the staff member put a cushion behind them. The staff member ensured the person was comfy before assisting someone else. Staff asked people if they liked the food and whether there was anything else they could help people with.

Staff spoke with people at eye level and spoke in a calm patient manner. When staff were assisting people to mobilise around the home, this was also done in a patient manner with staff explaining everything to the person to reassure them.

Staff demonstrated they knew people's individual likes and interests. One person kept standing up to leave the table before their lunch was served. A member of staff knew the person was interested in football so talked to them about football while encouraging them to sit at the dining table. This enabled the person to carry on and eat their meal.

We observed staff respecting people's dignity. For example, one person required some assistance after lunch and we saw a member of staff get some wipes to clean the person up. We asked people and family members whether staff respected the privacy and dignity of people who used the service. They told us, "All the time. If we are in mum's room with her they say they will call back later. If someone's not well they put a screen around them", "They always respect their privacy", "Everything I have seen has been ok and fine" and "They are very respectful". This meant that staff treated people with dignity and respect.

Care records described how people's independence was promoted. For example, "Staff are to encourage [Name] to carry out as many tasks as possible for themselves with just prompting", "[Name] needs staff to support them with their independence and instead of assisting with personal care, staff are to explain to her what is to be done and just prompt them with things", "I can do some things myself but I like a carer with me to give me confidence", "I can mobilise independently with my frame" and "I feel I am quite independent

and I know staff are on hand to help and support me. I'd like to continue to do things for myself and understand I could be taking a risk". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

Good

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using the service. This ensured staff knew about people's care needs before they moved into Elm Lodge.

Each person's care record included important information about the person, including their next of kin and GP contact details, religion, ethnicity and details of their life before they moved into Elm Lodge. For example, family history, details of the person's school and employment, and how the person saw themselves at the present time. We saw that this had been written in consultation with the person who used the service and their family members.

Care plans were in place and included personal care, communication, mobility and dexterity, personal safety, medical history, mental health, diet and nutrition, support required from healthcare professionals, daily living and social activities, sleep/night time routine and preferences. The care plans included the aims and goals of the plan, the person's individual needs and actions to be taken. This meant the care plans were person-centred and written specifically for each individual.

Care plans were in place for people at risk of skin damage and pressure sores, and guidance was provided for staff to follow. For example, staff were directed to check skin regularly for signs of redness or damage, apply cream to the skin daily and contact the district nurses if any concerns were identified. Waterlow assessments had been carried out people. Waterlow is an assessment tool used to identify the risk people are at for developing pressure sores. Appropriate risk assessments were in place for those people identified as being at high risk.

Staff wrote daily progress notes and recorded handover information such as updates on people's personal care, meals, sleep and activities.

We found the registered provider protected people from social isolation. The home employed an activities co-ordinator who had developed an activities planner for the year. This included bookings for professional singers and entertainers and visiting groups, such as a local church group. The activities co-ordinator told us the home held Summer and Christmas fetes that were attended by people from the local community and we saw evidence of these activities on the walls around the home. They told us they did not arrange any external activities although some people who used the service went out with family members. The registered manager told us some of the people who used the service had been out on public buses and had enjoyed it. The registered manager said they planned on doing bus trips more often in the future.

People had 'daily living and social activities' care plans in place that recorded people's preferences and activities they enjoyed doing. The activities co-ordinator told us they carried out activities with people in groups but also worked with people on an individual basis, particularly if the person preferred to stay in their room or did not wish to take part in group activities. This meant people's individual needs and preferences

were taken into consideration.

The provider's complaints procedure was on display in the entrance to the building. This provided guidance on how to make a complaint, the procedure to be followed by the registered manager on receipt of the complaint and who to contact if dissatisfied with how the complaint was dealt with. The registered manager told us they had not received any formal complaints in the previous year. We spoke with people who used the service and their family members. They told us they did not have any complaints about the service but were aware of what to do if they did have any complaints. This showed the registered provider had an effective complaints policy and procedure in place.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred, open and inclusive. People who used the service, and their family members, told us, "[Registered manager] is very good. Nothing's too much bother for her", "You can go in the office anytime. Anything you are worried about" and "They [registered manager] are fantastic. If mum's ill they are straight on the phone to you. They've never let us down".

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. A staff member told us, "[Registered manager] is very supportive."

Staff were regularly consulted and kept up to date with information about the home and the registered provider. We saw staff meetings took place regularly. We looked at the minutes for the most recent meeting in November 2016, which included discussions on the premises, ironing, personal care, manners and medication. Clear direction was given in the meeting by the registered manager to support the resolutions of the issues discussed.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. We looked at the quality assurance file, which included audits that were carried out at regular intervals by the registered manager and senior staff. These included monthly audits of medication, care records, infection control, kitchen and accidents and incidents.

The registered manager told us the registered provider visited the home regularly and the visits included a check of the premises, review of records and discussions with staff and people who used the service. However, the registered manager told us these visits were not documented.

We recommend that the registered provider visits to Elm Lodge are recorded in writing.

Questionnaires had been sent out to family members and visiting professionals in December 2016 and the registered manager was waiting for the responses. We saw copies of the previous questionnaires from 2015, which asked questions regarding the quality of the care at Elm Lodge, the professionalism and attitude of staff, the quality of the food, social activities and cleanliness. The questionnaires were used to measure the quality of the service.

Feedback cards were available in the entrance porch for people to complete to feedback on the quality of the service or whether they had any issues.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.