

Elmfield Care Limited

Old Sarum Manor

Inspection report

Rhodes Moorhouse Way
Old Sarum, Longhedge
Salisbury
SP4 6SA

Tel: 01722445490

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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

About the service

Old Sarum Manor is a residential care home providing personal care to up to 66 people aged 65 and over. At the time of the inspection there were 26 people using the service. The service has three units over three floors with one of the units specialising in providing care to people living with dementia.

People's experience of using this service and what we found

Risk assessments had been carried out to assess the risks to people's safety, and care plans informed staff how to keep people safe. Staff understood their responsibilities to protect people from harm and abuse. Safe recruitment practices were in place and there was enough staff on duty to meet people's needs. Systems were in place for people to receive their medicines in a safe way.

People were supported to have enough to eat and drink. There was evidence of collaborative working and communication with other professionals to help meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, and their relatives were complimentary about the care provided by staff. One person said, "The staff are incredibly good." Comments from relatives included, "The staff are really nice. The ones I've met are caring" and "The staff are very approachable."

Care plans were personalised. Staff knew the people they supported and knew about their choices and preferences. There were opportunities for people, relatives and staff to give their views about the service. People told us staff responded to their needs. One person said, "I spoke to them about changing my bed and they are helping me and trying different things for me." People were involved in decision making and were supported to maintain their independence. There was a varied activities programme in place.

There was a quality assurance system in place to assess the standards of care in the service. Staff spoke very positively about working at the home and the people they cared for. One member of staff said, "We have time here. We can go and sit and have a cup of tea with a resident." Staff said the management team were visible and supportive. One staff member said, "You couldn't ask for better bosses." One person's relative said, "We could do with more care homes like it."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13/10/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Old Sarum Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an 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 care service.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, senior care workers, care workers and activities staff. We also spoke with the nominated individual and the quality director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes in place protected people from the risk of abuse.
- People were supported by staff who had received safeguarding training.
- People using the service said they felt safe. One person said, "I'm very happy here and feel safe." Another person's relative said, "[Relative] feels very safe. He has said to us he feels safe. He's told us he doesn't have to worry about anything."
- Without exception, every member of staff spoke positively about feeling comfortable in raising any concerns with the leadership team, and that any safeguarding concerns would be addressed with immediate effect. One staff member said, "I would absolutely feel confident raising any concerns. I have worked in places before where the managers make you feel you shouldn't say anything, but here they are so approachable. I would happily be the first to raise any issues with them."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed, with measures in place to stop harm occurring.
- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, choking, and smoking. The assessments were person-centred and detailed, providing staff with the information they needed to help people be safe.
- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Safe recruitment processes were in place.
- There was enough staff on duty to meet people's needs. Staff did not appear hurried and were available when people needed them. Staff told us they felt there were enough staff on duty to meet people's needs and that they never felt rushed.
- One person said, "I have a call bell which I use when I need a member of staff. They always explain if they are going to be delayed for any reason."

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies regularly checked.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks

and audits were carried out.

- Medicines administration records showed that people received their medicines as prescribed.
- Protocols for additional medicines people might require (PRN) were personalised and described steps staff should take before resorting to the use of medicines. When additional medicines were administered, staff documented the reasons why and the outcome.
- People's care plans clearly documented any risks associated with their medicines and included national best practice guidance to ensure people received their medicines safely. For example, when people were prescribed blood thinning medicines, their care plans clearly stated that in the event of any accidents where there was a risk of a head injury, 111 should be contacted immediately for medical professional advice.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incident and accident reports showed immediate action taken and any steps taken to avoid a recurrence.
- Staff knew how to report incidents and accidents. One staff member explained how they felt the electronic systems used promoted "transparency" amongst the team when things had gone wrong.
- Staff had access on their handheld devices to any updates to risk assessments, care plans, or documented guidance from care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving to the service. One person's relative said, "They carried out an assessment before [relative] arrived to make sure she was OK and that the home was the right place for her."
- When people moved into the service, the senior staff members spent time with them, documenting their needs and preferences to build the person's care plan and risk assessments.
- People's needs were regularly reviewed. The manager said, "Care needs are reviewed with the resident. This makes it more person centred."
- People's health needs were assessed. Care plans informed staff how to follow best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their roles.
- Staff spoke positively about their induction and ongoing training. All staff said they knew if they wanted any additional training, they only needed to ask and this would be facilitated.
- Records showed staff received regular supervision from a line manager. Staff said outside of supervision meetings they could speak to the manager or nominated individual at any time.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink.
- We observed people being offered food and drink throughout the day. People were asked what options they wanted for lunch and if they wanted something different to the menu, this would be made for them.
- Meals were well-presented and generally well-received. When lunch was served there were lots of compliments and positive feedback from people. We saw people being offered additional portions, condiments, choices of puddings, and drinks throughout. Comments included, "It's delicious" and "It's really lovely." However, one person said, "The food is not tasty. They spend money on expensive produce like asparagus instead of broccoli or cabbage. It would be lovely if they did tasty things like dauphinoise potatoes. I have spoken to the chef about it."
- People's food and drink preferences were written in their care plans and reflected what people had chosen to eat. This was documented in their daily food records. One person's relative said, "We mentioned [relative] likes to drink lemonade instead of water or squash and they have listened and provide her with lemonade instead now."
- People's weight was monitored. When people were assessed as being at risk of weight loss or any other nutritional concerns, care plans included information for staff to follow in order to keep people nourished

and hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good relationships with the local surgery. The GP visited weekly and staff said that if they needed advice or support at other times it was easy for them to access this.
- The community nurse team visited daily to help staff support people with diabetes. Records of these visits were maintained and staff knew who to contact with any queries.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and well-decorated, with signage and fixtures designed to meet people's needs. For example, wide corridors and doorways to help people move around the home safely.
- People had their own large bedrooms with en-suite facilities. People were able to bring furniture and other items in to personalise their rooms if they wanted to.
- We observed people freely accessing the secure grounds of the home, using the gardens, and going to different floors to spend time with others.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by a kind and caring staff team who recognised when their needs changed and were able to seek immediate interventions from healthcare professionals.
- The staff team carried with them laminated cards which gave guidance around identifying different needs or symptoms and how to respond. For example, how to recognise the signs and symptoms of sepsis.
- People had keyworkers appointed, and staff told us their keyworker responsibilities included facilitating people's appointments and access to healthcare support services.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to consent to their care and support had been assessed. When people did not have capacity to make a decision, best interest decisions had been made. These were clearly documented and showed how the decision had been reached.
- Staff understood and followed the principles of the MCA and Mental Health Act.
- We observed people being asked for their consent before any care interventions. One person said, "I have my own door to the garden, and I can go out when I want. I choose the activities I want to be involved in."
- The staff team knew who had a DoLS in place and what personalised restrictions there were to support the person in their best interests and with the least restrictive approach.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed kind and caring interactions, where people were supported with dignity and respect. People appeared relaxed around staff. People were smiling, laughing and engaging with staff.
- People and their relatives praised the staff. One person's relative said, "I am ecstatic and I know [relative] and the rest of my family feel relief that they are here. The staff have been so kind and talked through everything with me. [Relative] has only been here 24 hours and it is the first time I have seen them smile in four weeks."
- Other comments about staff included, "The girls are nice and caring. They are wonderful and very nice" and "The staff love [relative] and we have not had any problems. They are very caring. [Relative] knows all the staff and their names. They know her and when I visit, they know my name. I have not come across any member of staff who is not nice."
- The staff team knew people well and spoke with kindness about people when communicating or handing over to their colleagues. One staff member said, "Every staff member here, in every role, knows the residents."
- People were supported to have safe, loving relationships. The manager said, "We encourage our residents to maintain their lifestyle choices. When they live here, this is their home."
- People's relatives told us staff encouraged people to live how they wanted to. One person's relative said, "The essence of this place is to allow residents to live how they want to live. [Relative] is allowed to be who he is."

Supporting people to express their views and be involved in making decisions about their care

- People were invited to express their views at monthly meetings. For those who chose not to attend, there were options of one-to-one meetings, to discuss the meeting agenda and provide their feedback.
- People's keyworkers explained that their responsibilities included gaining people's feedback, involving them in decisions about their care, and ensuring communication with people's relatives.
- Staff told us they appreciated being able to spend time with people, getting to know them, and building rapport. They explained their roles were not task-focussed, and that they were encouraged to spend time "having a chat or a cup of tea" with people.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity. For example, when one person stood up from the lunch table and left the dining room a member of staff discreetly said to them, "Do you need the toilet? Do you need me to give you a hand?"
- One person's relative said, "We are not here all the time but everything we have witnessed shows they

respect [relative's] dignity and privacy."

- The manager said, "Our aim is to promote and encourage people's independence." We saw that people were encouraged to do as much as they could for themselves. For example, we observed people using the kitchenettes to make their own drinks.
- One person's relative said, "[Relative] was going to bed late and staying awake into the small hours. I spoke to [staff name], and we agreed he can go to bed when he wants because this is his home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed person-centred information for staff reference. This included people's preferences and choices for how they wanted to be supported. For example, in people's night-time care plans, the information included their usual choice of bedtime, how many pillows they liked, and whether they liked the door shut.
- One person's relative said, "We as a family feel we are part of [relative's] life and care. Staff ask for our input. They ask about [relative's] life history."
- Plans provided clear information for staff on how to help people who might experience episodes of anxiety. The plans were detailed and showed clearly the steps staff should take before resorting to the use of medication.
- The service used an electronic care planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and included a summary of people's needs. This meant that staff had easy access to information about the people they were supporting.
- Through conversations with staff and observing their practice, we saw that staff knew people well and the care plans reflected the care people received.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager and staff understood about the AIS. People's communication needs were assessed, and care plans contained guidance for staff to follow in order to meet people's communication needs.
- One staff member explained they had requested a specific type of training to help staff interact better with one person who had a visual impairment. They explained the training had been scheduled and the management team had responded promptly to the request. The staff member said, "I think the training will be so helpful in understanding how we can better communicate with this person."
- The manager said, "If needed we can print information in large font, or we have picture cards, picture menus. If we had someone who didn't have English as their first language, I'd get an interpreter in to help us."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a varied activities schedule in place, which included a focus on the 'mind, body and soul'. For example, there were activities to stimulate people's mind, including quizzes and catching up on the news. For the body, there were exercise sessions. For the soul, these activities were based around social engagement.
- Activities included quizzes, flower arranging, memory games, knit and natter, arts and crafts and a cookery club. During the inspection we saw people taking part in armchair exercises.
- People were encouraged to go out and access the community. There were scheduled supermarket visits, walks around the local estate, and trips out. There was a trip taking place in the days following the inspection to a local safari park, which almost everyone who lived at the service had chosen to join. One person we spoke with said how much they were looking forward to the trip.

Improving care quality in response to complaints or concerns

- People using the service and their relatives said they felt confident about speaking to a member of staff or the manager to raise a concern or complaint, but had not needed to.
- When complaints were received, they were reported and responded to in a timely manner.
- We saw some of the feedback the service had received from people's relatives. Comments included "We would highly recommend Old Sarum Manor. Thank you for caring for [Name] so well when he was with you. Thank you for all the care you have given." And "[Relative] was warmly welcomed. He feels well cared for and comfortable, the staff are kind and compassionate. Staff wanted to know about [relative], their preferences and passions. [Relative] says, life is good."

End of life care and support

- Conversations had taken place to document people's future wishes or arrangements in relation to their end of life care. These were included in people's care plans and were reviewed regularly to ensure the information remained up to date.
- People had their future wishes regarding treatment and resuscitation documented and easily identifiable in their care plans. This meant people's advanced wishes or best interests were supported regarding hospital admission or healthcare interventions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a newly appointed manager in post. They said they were in the process of completing their application for registered manager status.
- There had been three changes in manager since the service opened. We received many compliments about the most recently appointed manager from the staff team. One staff member said, "[The manager] is amazing. He is who we have been waiting for."
- In the absence of a manager, the responsible nominated individual had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a well-embedded positive and person-centred culture amongst the staff team, where people's needs and wishes, were prioritised and the team worked well together.
- The NI, in the absence of a registered manager had helped to embed the person centred culture at the service. The manager said, "The residents want for nothing here, nothing is too much bother. [Nominated Individual] will go wherever he needs to go to make sure everyone has what they need. I've seen them go to the local shop one day because a resident asked for something we didn't have."
- There were examples of good outcomes being achieved for people, including one person who had been supported to improve their mobility and other aspects of their health and was due to return home.
- The manager was very positive about the staff team. They said, "I know the care is good here because of the way the residents respond to staff. After tea, the dining room is still full because they're all sat round chatting together. The atmosphere is just really lovely. The staff here are one of the best staff teams I've worked with."
- One person's relative said, "We think it is exceptional. The home more than meets standards of care, when compared to other care homes. I know [relative] is well cared for otherwise I would not leave them here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information about what was expected of them through

induction, training, supervision and staff meetings.

- People and their relatives were familiar with the nominated individual who had been a constant presence in the home. Comments included, "He is very friendly and hands on" and "He is approachable. I have a good relationship with him."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly asked for their feedback during structured meetings and on an informal basis. One person said, "We talked about things at a meeting and they asked us what we think."
- Although formal relatives meetings had not taken place due to the pandemic restrictions, people's relatives told us that communication with the service was straightforward. One person's relative said, "Staff are very approachable, and we can contact them by email, telephone or speak to them when we visit."
- Regular staff meetings took place. Staff surveys were carried out and analysed in order to improve the staff experiences of working at the service.
- The manager said, "[Nominated individual] is here a lot and talks to residents and staff all the time. All of the relative's have his contact details as well so anybody can get in touch with him if they need to."

Continuous learning and improving care

- There were comprehensive audits of all aspects of the service. When issues were identified they were addressed promptly.
- The manager understood their legal responsibilities and were committed to learning and improving care for people living at the service. They said, "I want to bring stability to the management of the home, and ensure the service continues to grow by maintaining a positive approach within the home. A happy staff group equals happy residents which equals happy relatives. That's most important."

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people. Records we saw confirmed this.