

# Bupa Care Homes (CFChomes) Limited







# The Elms Residential and Nursing Home

## 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	

## Overall summary

The Elms Residential and Nursing Home provides accommodation, personal care and nursing care for up to 37 older people including those living with dementia. Accommodation is located over two floors. There were 28 people living in the home when we visited.

This inspection was unannounced and took place on 12 November 2015. During our previous inspection on 13 May 2014, we found that all of the regulations that we looked at were being met.

The home had a registered manager in post. 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards

# Summary of findings

(DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy and dignity were respected at all times. Staff were seen to knock on the person's bedroom door and wait for a response before entering and closing the door to protect people's dignity when providing personal care.

People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary

needs. Staff referred people appropriately to healthcare professionals. They accepted and followed advice and guidance from other professionals. People received their prescribed medicines appropriately and medicines were stored in a safe way.

Care records we looked at and people who we spoke with showed us that wherever possible people were offered a variety of chosen social activities and interests.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager, showed the subsequent actions taken, which helped drive improvements in the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Medicines were safely managed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



### Is the service effective?

The service was effective.

Staff had been supported and trained to care for people in the way they preferred.

People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



### Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to maintain hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Good



### Is the service well-led?

The service was well-led

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Good



# The Elms Residential and Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 November 2015. It was undertaken by one inspector 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.

Before our inspection we looked at all the information we held about the service. We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with nine people and three relatives. We also spoke with the registered manager and six staff who work at the home. These included one nurse, the clinical lead, three day care assistants, one activities co-ordinator and two members of the housekeeping staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

# Is the service safe?

## Our findings

People told us that they felt safe because they liked the staff and said that they were treated well. One person said, “Oh yes I feel very safe here.” Another person said, “Absolutely I feel safe here and the staff are wonderful.” Relatives we spoke with had no concerns about the safety of their family members.

People were provided with information about protecting people from harm or potential harm. This information was displayed in the home so that it could easily be accessed by everyone. Staff we spoke with had an awareness of how to recognise abuse and who they would report it to. We saw that there was information available which provided staff with contact details of the local safeguarding authority. There had been one recent safeguarding incident and the registered manager and clinical lead nurse were clear of their responsibilities in regards to informing CQC and the local authority should any such incidents occur. Staff we spoke with confirmed that they had received safeguarding training and were able to demonstrate what constituted harm of a person at risk and what they would do if they were told, saw or suspected that someone was being harmed. This meant that people were protected from harm or potential harm as much as possible.

People’s health and safety risk assessments were carried out and measures were taken to minimise these risks. The risks included, for instance, risks of people falling out of bed. We found that alternative measures were used, for example, the use of bed rails. In addition, where people had been assessed to be at risk of harm, due to poor skin integrity, measures were put in place to minimise this risk. For example special mattresses and/or seating cushions had been purchased and were in use.

A person said, “I am asked if I would like any pain relief”. Another person said, “I get all the medicines the doctor prescribes”. Medicines were stored safely and within the recommended safe temperature levels. We saw that medicine administration records were in place and the recording of medication was accurate. There was a system in place for the management of medicines and spot checks

were undertaken by a member of the management team to ensure medicines were being administered as prescribed. The audits had improved over the last few months and the audits had recently identified that improvements were needed for medicines that were to be returned for destruction. This would ensure there was a clear audit trail to know what medicine was still held in the home.

Staff told us they had received training in medicines. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. Detailed protocols were in place to provide clear instructions of how people liked their medicines to be given and what they are prescribed for.

One member of staff told us about their recruitment. They explained that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed prior to staff commencing their employment. This ensured that only staff suitable to work with people were employed.

The atmosphere of the home was calm although staff were busy and people were looked after by members of staff in an unhurried way. One person told us that when they called for staff help, “they come.” Another person said, “whilst I sometimes have to wait a while they [staff] do let me know that they are aware that I need help.” A staff member said, “Whilst I think there is enough staff we could always do with some extra help.” The registered manager told us that staffing levels were assessed and monitored weekly to make sure that they were flexible and sufficient to meet people’s needs.

All areas of the home were clean and free from malodours. We spoke with staff who explained their cleaning schedules and what they recorded when they had cleaned each area. We found the sluices and cleaning cupboards were tidy and had good stock levels of cleaning equipment and products. All sluice rooms and storage areas were locked securely to protect people from unauthorised access to potentially dangerous chemicals. Staff said that they always had the required cleaning equipment and supplies available to do their job.

# Is the service effective?

## Our findings

People told us the staff were able to meet their needs. One person told us, “The girls [staff] are very good.” Another person told us that, “Staff know what my care needs are.” Staff stated that they had the all the training and support they required to do their job.

Staff told us they had not received regular supervision but the registered manager had put a plan in place for these to happen in the next few months. This was to ensure everyone had some time to discuss their support and identify any training needs. However, staff felt that since the registered manager had recently been appointed, they had been well supported to do their jobs. Training records showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. A member of staff said, “The support I have received has been excellent and she [registered manager] is very approachable.”

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 staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The nurse in charge and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people’s rights were protected. The registered

manager had submitted one application for DoLS to the supervisory body (local authority) but the outcome of this was not yet known. The clinical lead nurse was in the process of preparing five further assessments which were to be submitted for consideration for DoLS.

People had enough to eat and drink and told us that the food was good. There was a choice of hot meals and a selection of vegetables. One person who we spoke with confirmed that they had enough to eat and drink and liked the range and choice of menu options and said, “You always get plenty to eat and drink.” Another person told us, “You always get asked if you want any more.” A third person said, “The catering staff will ask what you’d like instead.”

During the lunch time we saw that people were supported to eat in the dining area, in their room or a place of their choice. We heard staff offering people a choice of drink and if they wanted to wear an apron to protect their clothes. People were supported with their dietary needs including soft and pureed food diets. We saw that staff reminded people what they had chosen for their meal and confirmed whether they still wanted that meal choice. The staff checked with people throughout the meal if everything was alright. One person said, “The food is very nice.” There were snacks and fresh fruit available if people wanted this. Snack and drinks were available in the communal lounges and people were able to help themselves.

We found that food and fluid charts contained specific detail to the amounts and quantities of food and fluid which allowed staff to monitor people’s intake especially as these people had been identified as at high risk of malnutrition. This information was then passed on to the relevant professionals. Professionals we contacted confirmed that this was the case.

Following our inspection, we contacted health and social care professionals who told us that they had no concerns about how people’s health and wellbeing needs were met. They told us that staff always followed the instructions that they gave to staff to ensure people’s need are met. Support was provided for people to gain access to a range of services to maintain their health. This included visits made by a GP and community nurses. In addition, people had health support and advice from opticians, local hospitals and community mental health services. One person told us, “If I need to see a doctor the staff sorts it very quickly.”

## Is the service effective?

Health care professional advice had been sought and had been followed in relation to people's eating and drinking.

This included where people had been supported to access nutritional advice from a dietician. We saw that people were provided with special diets, in line with the recorded health care professional advice.

# Is the service caring?

## Our findings

People were happy with the care provided and told us that they received a good standard of care. One person said, “Staff are all very kind” and another said, “The girls [staff] are so kind and they are very helpful when I need it.”

Positive comments were received from relatives and included, “I’ve got to know all the girls [staff], they are very good, it’s really good here.” Another relative said, “It’s very good here, I’m happy with it [the staff and care]. They [family member] do very well here.”

We saw that staff showed patience and gave encouragement when supporting people. For example when assisting a person to get up from their chair they gave them instructions about how to do this correctly. Staff also gave them plenty of encouragement and time to transfer to their wheelchair.

There was a welcoming atmosphere within the home which was reflected in the comments we received from people, their relatives, staff and visiting healthcare professionals. Relatives said that they were able to visit whenever they wanted to. A relative said, “I am always made to feel welcome. I can visit whenever I want.” Visiting professionals told us that they had always been made to feel welcome even when they had visited the home at short notice.

Staff treated people with respect and referred to them by their preferred names, which had been documented in their care records. We observed that the relationships between people who lived at the home and staff were positive. One person said, “With what staff have got to do they are marvellous.”

We saw that staff supported people in a patient and encouraging manner around the home. We observed a member of staff showing patience by encouraging and reminding someone where they were to go. We heard staff reminding a person where they were going and answered their questions in a reassuring manner.

Staff assisted people to eat their lunch at their own pace which allowed them time to enjoy their food. Staff reminded people what they had ordered and asked if they would like anything else. Staff sat with people and chatted whilst they ate their food. People were asked throughout the meal if they had had enough to eat and if they would like anything else. Menus were displayed in the dining area. Although these were not provided in a picture format to help those people who live with dementia make their food choices.

One member of staff explained to us how they always encouraged people to choose their own clothes in the morning and what they would like to drink. We observed one member of staff who conducted the drinks round in the morning did not ask people what they would like or give them a choice of biscuit. We mentioned this to the registered manager who told us this would be addressed immediately after the inspection. During the afternoon drinks round the staff member offered people a choice of drink and of the various snacks on the trolley.

All staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe what people liked to eat and what their interests were. We saw that people had their wishes respected. One relative said, “The staff are terrific they always try their best and work very hard.”

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.



# Is the service responsive?

## Our findings

Care plans provided staff with detailed information about how people's needs were to be met. The care records were regularly reviewed to make sure that the appropriate care was provided and updated where necessary. These included changes in people's mobility. One relative said, "They [the staff] always ring me up and let me know when [family member] health changes. I am happy for them to contact me at any time."

Assessments were undertaken to identify people's support needs and care plans were developed stating how these needs were to be met. The registered manager told us how people and their families would be encouraged to visit the home before they moved in. This would give them an idea of what it would be like to live in the home and see if their needs could be met. This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said, "Staff know me well and know how I like things done." People said that they would be happy to tell staff how they would like their care provided. One person said, "I sometimes need to remind staff how I want them to help but they always ask me first."

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and provided care in a way that people liked.

People were supported to pursue their own hobbies and interests. One person said, "You get enough to do if you want to. I love colouring and making things." Another person said, "We can choose what we want to do and whether to join in." During the afternoon we saw a number of people singing along to music being played. People were actively engaged in conversations with staff members and each other. We saw that a variety of activities were offered including manicures, outside entertainers and a church service was held to meet people's spiritual needs. Overall, people were happy with lots of smiles and laughter whilst taking part in what they had chosen to do.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and that rooms were personalised with pictures, photos and paintings.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I (have) got no complaints at all." Another person said, "If I was unhappy I would talk to any of the staff." A relative said, "I am very happy with the care and if anything was worrying me I would speak to the manager."

The home had a complaints procedure which was available in the main reception. There had been eight formal complaints received in the last 12 months. We saw that these had been investigated, actioned and responded to in line with the provider's policy. We also saw a number of compliments from relatives thanking staff for their care and patience especially after a recent birthday celebration.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of this inspection. People we spoke with said that they knew who the registered manager was. One person said, “They [registered manager] are lovely and always come to speak with me.” Another person said, “They [registered manager] are so helpful and are very approachable and always coming to see us [people who use the service].”

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan and key aspects of this were on display in the office. This allowed them to continually reflect on what they had achieved and what further action was needed to make further improvements to the home.

The registered manager was very knowledgeable about what was happening in the home, which staff were on duty, and appointments taking place on the day, any person whose health had worsened and if a GP visit was required. This level of knowledge helped them to effectively manage the home and provide leadership for staff.

Staff told us that they felt supported by the registered manager. One staff member said, “They [registered manager] has been very supportive and flexible and I am happy with the changes that have occurred and staff morale has improved.” Another said, “I love working here and feel well supported and the residents are well cared for.”

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, “I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn’t right.”

Staff felt there was good teamwork. One of them said, “We are a good team. We support each other and are not afraid to ask for help.” Another staff member told us, “We all work together, carers and nurses, we work as a team. We work well together.”

We saw staff working together and that they checked with each other what they were doing and then explained to the person what was happening. One person said, “The staff are very friendly and help each other out, the atmosphere is good and we laugh a lot.”

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service that they received through residents’ meetings and by completing an annual survey to gather their views. People told us they felt they were kept informed of important information about the home and had a chance to express their views.

People told us they visit the local community and shops. They enjoyed outings to local landmarks and pubs.

There were effective quality assurance systems in place that monitored people’s care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people’s safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the clinical lead nurse regularly ‘worked the floor’ (this meant they worked alongside the staff in providing care) to ensure that staff were implementing their training and to ensure they

## Is the service well-led?

were delivering good quality care to people. Following the inspection professionals who we contacted told us that staff have been trained to continue to support people to maintain their wellbeing.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care

Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.