

Mrs Jaywantee O'Farrell

# Elm House Residential Home

## Inspection report

7 Elm Close  
Bolsover  
Chesterfield  
Derbyshire  
S44 6EA  
Tel: 01246 826230  
Website:

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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

An unannounced inspection took place 28 May 2015.

Elm House provides care and support for up to eight people with learning disabilities with a range of support needs. The home is situated in the market town of Bolsover and is a two floor property with a number of communal areas and large garden available for people to use. There were eight people using the service at the time of our inspection.

There was a registered manager who is also the provider, however is currently being managed day-to-day by the

deputy manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

# Summary of findings

At our previous inspection 30 October 2013, we found the provider was not protecting against the risk associated with medicines. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010.

At this inspection we found improvements had been made and the provider had now met this regulation. Medicines were now stored safely and administered by staff who had completed recognised training as well as competency assessments.

People living at the home were very complimentary about the staff team and it was evident that the people felt where they lived was home. The home was very much focused on the person and accounted for each individual's likes, dislikes, needs and preferences. We found staff encouraged people to make their own day to day decisions and staff respected their decisions whilst ensuring their safety.

The staff supported each person in a professional manner whilst being aware of promoting the person's independence. People's right to privacy and dignity was important to each individual and very much respected by the staff.

People were cared for by staff who had demonstrated their suitability for their respective role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

Staff were aware of the need to keep people safe and to protect them from the risk of avoidable harm. Staff were aware of safeguarding procedures to ensure that any allegation of abuse was recorded and reported to the appropriate authority.

The requirements of the Mental Capacity Act (2005) had been met and capacity assessments were available in people's care plans.

Staff received training to ensure they were providing appropriate and effective care and support for the people.

Staff felt they were supported by the deputy manager and there was good team work being carried out.

The home was undergoing re-furbishment and re-decoration. It was clearly evident the downstairs had recently been decorated and we were informed the upstairs bedrooms were to be decorated as part of the on-going re-furbishment.

There were effective auditing systems in place to assess and monitor the quality of the service. This included meetings with the people living at the home to gather their impressions and views. After the meetings the deputy manager and the staff ensured they responded promptly to people's suggestions and requests.

# 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.

People were protected from the risk of abuse. Staff had an understanding of what abuse was and knew their responsibilities to act on concerns.

There were sufficient numbers of staff and people received their medicines in a safe and timely manner.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge, skills and understanding to provide care specific to each person's needs.

There was a positive working relationship between the service and visiting health and social care professionals. People were referred to appropriate health care professionals in a timely manner.

The staff had an understanding of the Mental Capacity Act (2005) and ensured people's rights were respected.

Good



### Is the service caring?

The service was caring.

People we spoke with were happy the support and care they received. People and their relatives were involved with the development and evaluation of their care plans.

Staff were committed to promoting the rights, dignity and privacy of the people at the care home.

Good



### Is the service responsive?

The service was responsive.

Care staff were familiar with each individual's needs and preferences.

People we spoke with said they had no reason to complain but were aware of who to speak to should this change. People felt any concerns would be listened to and be responded to.

Good



### Is the service well-led?

The service was well-led.

The home was run by the deputy manager who was clear they wanted to provide people with a place they could call home. The home provided care which was focused on the rights and choices of each individual. Staff were complimentary about the deputy manager and the support they received.

The deputy manager undertook effective audits to check the quality and safety of the care home.

Good



# Elm House Residential 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.

The inspection took place 28 May 2015 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. This included the last inspection report in 2013. We contacted the local authority contracts and commissioning team that funded placements at the home. We also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home. We also spoke with a visiting relative and professional for their views of the home. We spoke with three professionals who have contact and input with the home and the people living there. We were unable to speak with the registered manager at the time of the inspection as they were not available. We were able to speak with the deputy manager who assisted with the inspection.

We reviewed a range of records about the people at the home along with documents in relation to how the home was managed. This included two people's care plans, two staff records, training records and in relation to the safe management of the home records such as audits, environmental checks, MAR charts and policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection October 2013 we found people were not protected against the risk associated with medicines because the provider did not have appropriate arrangements in place to manage medicines and for their safe keeping and handling. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010. We found this regulation had now been met.

We found at this inspection that people received their medicines as prescribed. We looked at the medicines administration record (MAR) for each person and found that people were given their medicines appropriately and in a timely manner. Medicines were stored suitably and securely. Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff told us they did not give anyone any medicines until they had completed the training and been observed and deemed competent by the deputy manager. This meant that medicines were given to people as prescribed and they managed and stored in a safe way.

We spoke with five people at the home and everyone told us they felt safe living there and no one expressed any worries or concerns regarding their safety. One person told us, "I feel happy and safe." They went on to tell us, "Everyone gets on well. We're all good friends." Another person told us, "This is my home and I like living here."

A relative told us, "Everyone is safe," and "The staff are very good." The relative went on to tell us if their family member was not kept safe and looked after appropriately they would have no fear or worries about complaining. They told us they would definitely recommend the home to others.

We spoke with a professional who told us, "People are safe." And, "It's home and homely." As part of the inspection process we contacted other professionals who all confirmed the home was reflective of the needs of the people and they had no concerns regarding safety.

Staff we spoke with could tell us how they supported each person individually and how care was centred around each person's individual needs. We asked staff how they would respond if they believed someone at the home was being abused or they disclosed abuse to them. Staff were very clear in relation to their roles and responsibilities with regards to reporting concerns of abuse and said they would have no problem in reporting to the relevant authority. All the staff were aware of their role in protecting and promoting the rights, choices and dignity of the people.

We looked at the care plans and saw that risks had been identified and assessed and were evaluated in a timely manner. We saw care plans included information for emergencies and ill health. We saw personal emergency evacuation plans (PEEP's) for each person and emergency grab cards.

People's safety was supported by the provider's recruitment procedures. We looked at staff recruitment files and could see that the required checks had taken place prior to staff working at the home. The home ensured the staff received suitable and sufficient training relevant to the needs of the people and their role at the home.

We found there were enough staff on duty to meet people's needs. We were told and could see from rotas there were more staff scheduled on at the weekends and evenings so people could have flexibility and choice with regards to activities

# Is the service effective?

## Our findings

On the day of our inspection, people told us they were happy with the care provided. All the people we spoke with felt their needs were being met. One person told us, "Staff are good and they look after me." They went on to talk about being able to choose activities to participate in.

We spoke with a relative who told us they were always made welcome when they visited their relative. They told us they, "Could not fault the care." They went on to say they thought staff understood the needs of the people at the home. They said the deputy manager asked for advice of other professionals when it was necessary.

We spoke with staff who told us about their induction once they commenced their job role. They said it had been, "Really good." They said it gave them the opportunity to work alongside more experienced and familiar staff. Staff said they were aware of the provider's policy and procedures as well as the importance of remaining up to date and familiar with people's care plans. Staff told us they were encouraged to attend training as part of their induction as well as continuing to access training as part of their own personal development. Records we looked at confirmed that staff had access to a variety of training relevant to their job role and received support through supervisions, appraisal, and team meetings.

We could see from staff's files that training had been arranged and attended. Staff participated in training required to deliver effective and safe care to meet the needs of the people. Staff who administered medicines had participated in training and completed competency assessments with the deputy manager.

This meant that staff had been provided with support to deliver effective care to meet the needs of the people.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. The MCA is a law that provides a system of assessment and decision making that protects the rights of people who do not have the capacity to give consent themselves. Staff we spoke with were able to explain their roles and responsibilities in relation to the MCA. Care plans we looked at showed that relevant capacity assessments had been conducted with the people living at the home and in relation to specific decisions. Care plans were centred around each individual and reflective of their needs. Care plans evidenced that each individual had

been involved with them and where possible included their signature to show they understood them. This showed the staff team were aware of the need to give due regard to people's legal rights and in particular decision making.

Staff demonstrated an understanding of the Deprivation of Liberty Safeguards (DoLS). DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Staff understood there may be times when people may need to be deprived of their liberty to protect them from the potential of harm. The deputy manager was aware of the need to seek authorisation to comply with the law however was able to demonstrate that this was not necessary at the time of our inspection as everyone had the capacity to make decisions in relation to their care.

At lunchtime the people at home were encouraged to make decisions as to what food they wanted. Staff were heard to ask people what they wanted for their meal and this was then provided. The people had free access to the kitchen and were encouraged and supported to participate in preparing their chosen meal and drinks. Staff we spoke with told us they were responsible for the preparation and cooking of the meals and where possible people were encouraged to assist and join in.

The evening meal was a social, although not a formal event for the people and the staff. The food diary demonstrated that people were given the choice of what they wanted to eat. On the day of the inspection we saw people expressing their personal preference to alternatives rather than what others had chosen. The staff were clearly very familiar with people and recognised that some people would prefer an alternative to the planned menu. We saw in care plans that people's nutrition was monitored and when necessary advice and guidance was sought from relevant professionals. This demonstrated that people received effective support to maintain their dietary and nutritional needs.

A professional told us they had no doubt that people at the home were well looked after by the staff, however they had previously been concerned as sometimes the home had forgotten to communicate concerns with them as they would have expected. They explained that the health of one person they were involved with had shown a change. The deputy manager had ensured referrals had been made to appropriate health care professionals and subsequent appointments had been attended. However the deputy

## Is the service effective?

manager had forgotten to make the professional aware of the changes. The professional said that although it was not a major issue, once reminded the deputy manager had ensured improvements had been made and communicated changes to the wider multi-disciplinary team.

People's physical health was promoted and staff assisted people to access their local GP surgery when required. As part of the inspection we spoke with a number of health

professionals who all confirmed that the deputy manager and staff usually followed instructions to promote people's health. One professional said when they visited, "Staff give people time and space to have quiet and private chats." The professional felt this was a positive action by the staff as it gave the person the opportunity to have an open and frank discussion without the influence of staff. This showed that people's needs were met by the wider health team.

# Is the service caring?

## Our findings

People at the home told us there were well looked after and the staff knew them well. One of the people told us they really enjoyed living at the home and described the deputy manager as “Brilliant.” One person told us, “Staff really look after us and they care about us.” Another person told us, “This is my home and the people and the staff are my friends.” A relative told us they would have no concerns in recommending the home to others. The relative told us, “Staff are always friendly and care about the people.” We were also told by a relative they were kept informed of any changes to the needs of their family member and they were encouraged to continue taking an active role in their life.

We looked at how the staff listened and interacted with the people. We observed staff supporting individuals in a caring manner and saw a mutual respect. We noticed positive relationships between the people living together at the home as well between the people and the staff. This included laughter and conversation. The staff took time to ensure people understood what was happening in a friendly and reassuring manner. We saw staff offer choices about what people wanted to eat at meal times and what

they wanted to do during the day. One person had their own hand held computer and was heard to discuss with the deputy manager about spending some time together to look for a specific evening out.

We asked the people at the home who they would speak with if they were ever worried or concerned about something. People told us they would speak to the staff should they have any concerns or worries. One person said they would speak to X [deputy manager] should they have any problems or worries. We could see that the deputy manager conducted regular meetings with the people and the staff and any requests made were followed through. One person had made a request that anyone entering their bedroom must knock and wait before entering. The minutes confirmed that everyone agreed to this request and the deputy manager assured us this had been put into practice.

We saw staff respect people’s wishes and their right to privacy and dignity. Before entering people’s bedroom we saw staff knocked on the doors and waited to be invited in. We also saw staff encourage people to take pride in their appearance and gently remind people to wear clothing and footwear which met their needs and preferences. This gentle prompt was an example of staff promoting dignity along with increasing people’s self-esteem.



# Is the service responsive?

## Our findings

People at the home said they knew who they would speak to should they have any concerns or be unhappy about something. There was information displayed at the home to alert the people of what things may be seen as abuse and what they should do and who to talk to if they had any worries. The information was in both written and picture form to assist people's understanding.

A relative told us they were kept informed of any changes or concerns regarding their relative. They told us the deputy manager and the care staff were knowledgeable about their relatives needs and responded to any changes accordingly.

Discussions with people and records confirmed that staff encouraged and supported people to maintain and develop relationships with relatives and friends. People were supported to visit family and friends and visitors to the home were welcomed. People's relatives were encouraged to take an active part in people's lives and decision making.

When we arrived at the home a number of people were already up and going about their daily routine. All the people had their own individual activity plans and were supported to attend a variety of day centres. Care plans we read highlighted each person's day to day life and any views and opinions they had expressed. The care plans also showed people's involvement in activities in and outside of the home and contact with other people such as relatives, day services and professionals. The plans were personal to each person and was centred around their own specific needs and choices. Each care plans had been reviewed and regularly updated by the staff team which showed that people's individual needs, wishes and preferences had been taken into account.

People told us they were able to make choices and decisions about what activities they wanted to participate in. Some people told us they had been out the previous evening to join in a local social group, they went on to tell us how much they were looking forward to going to a local nightclub the following week. We found the people were involved in decision making around activities they wanted to participate in and there was a list on display of a proposed trip to the coast. All the people at the home had been included in deciding whether or not to participate in the day trip. One person told us they were, "Excited and looking forward to going to the seaside." Whereas, another person told us they didn't want to go on the trip and had chosen to stay at home.

Staff were knowledgeable about the people in the home. They knew their care needs and what was significant to them in their lives. We observed staff responding accordingly. Staff told us they kept up to date with people's changing needs and preferences through handovers which took place at the beginning of each shift.

Staff were familiar to each person at the home and they had taken time to get to know each person's preferences and wishes. We saw the staff interacting with people in a kind and respectful way throughout the inspection. When the afternoon staff arrived people immediately welcomed them and asked about their welfare. Throughout the inspection we saw people approach staff and ask questions about issues and the staff responded in a timely and appropriate manner. An example of this was staff providing one person with regular reassurance about the forthcoming coast trip and their intention to attend.

We saw the provider had a complaints procedure in place and only one complaint was documented. We saw the complaint had been followed up with documented actions taken by the provider.

# Is the service well-led?

## Our findings

The people living at the home were aware who was managing the home on a day-to-day basis and knew they could go and speak with the deputy manager or any other member of staff should they have any problem or concern. One person at the home told us they would speak with X [deputy manager] should they have any problems. They went on to tell us the deputy manager was, “Good and helpful.”

The registered manager was also the provider, however due to personal circumstances the deputy manager was running the care home on a day-to-day basis. The deputy manager demonstrated an enthusiasm and strong commitment to those people living at the home. The deputy manager had comprehensive knowledge and understanding of the needs of the people receiving care at the home. The deputy manager and the staff team worked with other agencies with the ultimate goal of providing people with a safe place they could call home.

We spoke with a number of people, which included people living at the home, visitors and health and social care professionals who all said they felt confident to speak with the deputy manager or staff to raise any concerns. Information indicated there was communication between all relevant agencies who worked in partnership for the benefit of the people living at the home.

Records showed and staff told us they received supervision and support from the deputy manager and it gave them the opportunity to voice their opinion and raise any concerns they may have regarding their own personal development. The staff we spoke with understood the needs of the people at the home and were aware of promoting and respecting their rights. The staff knew how to access the provider’s policies and procedures.

We asked staff for their views about the management and leadership of the home. One staff told us, “X [deputy manager] listens to what we say.” Another staff stated, “At the end of the day we are here for the service users and it’s a team effort.” We could see from the meetings that had taken place that everyone had the opportunity to speak up and share their opinions as to how, when and where things

needed to change or improve at the home. Staff told us they attended staff meetings and said they were encouraged to take an active role in sharing their thoughts of ways to improve the home. Minutes of meetings showed that everyone had a voice and any suggestions for improvement was acted upon. This demonstrated the deputy manager had an inclusive approach to the management and running of the home.

A professional told us they thought the upstairs bedrooms needed some attention and re-decoration as they were looking, “Worn and dated.” We spoke with the deputy manager who told us the provider had plans to decorate and refurbish peoples bedrooms upstairs as it had been some time since they were last decorated. They told us each person would be involved in choosing colour schemes and personalising their rooms. We were told and could see that the downstairs to the home had recently been re-decorated. We saw there were systems in place to ensure the building was maintained to a satisfactory standard and any remedial work was carried out in a timely manner. We saw only one questionnaire had been completed by a visitor who documented they thought the care people received at the home was, “Excellent.”

The deputy manager completed a number of audits at the home to ensure there was effective systems in place to monitor and improve. The audits included review and checks of people’s care plans and risk assessments, supervision and appraisal. In addition we saw monthly medication audits, fire alarm checks, cleaning schedules and general environmental checks. This demonstrated the quality of the service being provided was being monitored and reviewed.

The deputy manager told us they felt supported by the staff team and the providers. They went on to say as a team they have worked together to improve the lives of the people they support. They told us there is always room for improvement, but together they were moving in the right direction, “Putting service users first and foremost.” They said that they hoped to, “Continue improving and providing a quality service.” Staff told us there was a good team of people working at the home and the people living there were at the forefront of all they did.