

Claremont Care Limited

# Elm House

## Inspection Report

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# Summary of findings

## Overall summary

Elm House is a care home for eight people and provided care and support to adults with a learning disability.

People who used the service told us they were happy living at the home and they felt safe with the staff.

The service had a registered manager in post. There were clear management structures offering support and leadership. This meant the home had a positive and open culture.

We found that people were involved in decisions about their care and support. The staff made appropriate referrals to other professionals and community services. We saw they understood people's needs, were kind and thoughtful towards them, and treated them respectfully.

We saw the staff had received the training they needed to meet the needs of the people living at Elm House. We saw there were also sufficient staff to meet these needs.

We looked at how medication was administered, recorded, stored and managed. We found suitable systems were in place. This meant that people who used the service received their medication in a safe and well managed way.

People spoke positively about the range of activities in the home and in the community. We saw people could choose how to spend their time and what to do.

We found that the home was clean and hygienic but improvements to the standard of the environment and the décor were needed.

Records showed that CQC had been notified, as required by law in relation to the incidents that could affect the health, safety and welfare of people.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

People were protected from abuse because the staff had received training in how to identify and report possible abuse. One person said , “ I have always felt safe here it is my home.”

The staff were aware of how to report any concerns and these had been raised by the home when required.

People who needed a mental capacity assessment or best interest decision had these made by the right people. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant the staff were aware of how to support people who could not make decisions for themselves.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Although no DoLS applications had been made, staff were able to describe the circumstances when an application should be made and knew how to submit one.

We looked at the suitability of the environment to ensure people lived in a home where the décor and environmental standards were appropriate. We found the home was clean but the fixtures and fittings were not always of a suitable standard because they were old or worn.

Staff handled medicines safely and suitable systems were in place.

Risk assessments were up to date and written in a way to support people and protect them from harm.

The staff ensured suitable systems were in place to manage people's money.

### **Are services effective?**

We saw that people had their needs assessed and staff knew how to support people in a caring and sensitive manner. Involvement from advocates could be requested if a person was unable to express their wishes and views.

The staff informed us they were supported by the management team and knew how to care for people in the right way. We saw people's care preferences and choices were sought and met because staff communicated effectively. The staff had opportunities to learn new skills and knowledge to ensure people's needs were met.

# Summary of findings

People who used the service had care records that showed how they wanted to be supported. The information we read in the care records matched the care and support we saw being offered.

People had access to a range of health care professionals some of whom visited the home. We saw that staff supported people to attend healthcare appointments when needed. Where people needed to stay in hospital, a member of staff visited to ensure people were contented. One person said, "They came and saw me every day, I liked that."

## **Are services caring?**

People told us the staff were kind, caring and thoughtful. The staff provided people with support in a dignified way. People's privacy was respected and staff enabled people to take control of their lives.

We saw that people using the service were comfortable interacting with staff. The staff team was consistent with few changes experienced. This meant staff were familiar with how people wanted to be supported and had developed relationships with people.

People's diversity, values and human rights were respected because they were supported and cared for in an individualised way.

## **Are services responsive to people's needs?**

People knew how to make a complaint if they were unhappy. One person said that they had raised a concern and were satisfied with the outcome. People told us the service took complaints seriously and looked into them quickly. One person said, "I know I can speak to the staff about anything and they will try to sort it."

The provider listened to and acted upon feedback received from people and their families. This resulted in improvements in care provision.

We saw people were able to participate in a range of activities both in the home and in the local and wider community. People told us they took part in a range of daily living, recreational, educational and volunteering activities.

## **Are services well-led?**

There were systems in place to monitor how the service was managed. Where concerns were identified action was recorded to make improvements to the environment but these had not been implemented. There was a plan in place to address these concerns. We will check to make sure improvements are made at our next inspection.

# Summary of findings

There was a registered manager in the service who demonstrated a good knowledge of their role and responsibilities and how to effectively lead the team of staff.

The provider notified us of any the necessary incidents that occurred in the home.

People's personal care records, and other records kept in the home, were accurate and complete. This meant the necessary information was available to ensure the correct level of support was offered.

# Summary of findings

## What people who use the service and those that matter to them say

People who used the service who were able to express their views and talked positively about the home. One person told us, “I like it here the staff are good to us.” Another person said, “I like gardening. We go all over the place and I’ve got trophies.”

We spoke with a relative who said, “The staff are fantastic, you couldn’t better the care, it’s very good.”

People who used the service and their relatives considered they were listened to. One person said, “The staff are lovely and kind.” Another person said, “ We always talk about what is important to us.”

We looked at the other ways people expressed their views about life at the home. This included thank you questionnaires and records of meetings. One comment said, ‘It’s good here.’

# Elm House

## Detailed findings

### Background to this inspection

We inspected the home on 9 April 2014. The inspection team consisted of one inspector and an expert by experience. Our expert by experience had experience in understanding people who used care services.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The provider had agreed to be part of the testing phase, and we announced the inspection 48 hours before our arrival.

Elm House supported adults with a learning disability. There were seven people in residence when we undertook our inspection, there was one vacant room. We spoke with six people living in the home, one relative, five of the staff on duty, the registered manager and the operations manager.

Before our inspection we reviewed all the information we held about the home. We looked at information in relation to safeguarding incidents and reviewed incidents and changes which the provider had informed us about. This helped us to decide what areas to focus on during our inspection.

Through a process called 'pathway tracking,' we looked at three care records, spoke with two staff about the care people received and observed the staff on duty when they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about the service.

At our last inspection on 17 October 2013 we identified problems in relation to staff training. The provider sent us an action plan in December 2013 telling us how they would address these. We looked at these areas of concern during this inspection to ensure the necessary improvements had been made. We found suitable and sufficient improvements had been made. The staff were suitably trained to meet the diverse needs of the people who used the service.

# Are services safe?

## Our findings

We saw the service had procedures in place for dealing with allegations of abuse. The staff we spoke with had knowledge of the local authority's safeguarding protocols. They confirmed they had received training on protecting vulnerable adults and were aware of the different forms of abuse. The staff showed they understood how to identify and report suspicions or allegations of abuse or neglect. One staff member said, "I know exactly what to do and would tell my manager straight away." We talked to staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices.

Where able, people told us they felt safe in this home. One person said, "This is my home I am happy and safe here." A relative told us, "I have no concerns regarding safety. I can tell everything is okay by the observations I have made and I hear how well the staff talk to my relative."

We observed care staff managing behaviours that challenged in a sensitive and appropriate manner. We saw the person was offered suitable distractions and reassurance, and other people around them were also supported to remain calm and feel safe.

We spoke with two staff who told us they had received training for the Mental Capacity Act 2005. We discussed the implications of the Act in relation to capacity and consent. They knew what the Act covered, and the principles of the Act. This demonstrated people could be confident their wishes would be taken into account. Staff we spoke with knew how to assist people who may be unable to make their own decisions. We saw risk assessments clearly identified the rationale and the person's consent.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The care records we looked at had an assessment of care and support needs and a plan of care, which included risk assessments. One member of staff told us risk assessments were in place for people who used the service which included bathing, mobility and choking. Another member of staff told us they carried out a considerable number of risk assessments as many of the people who used her service were unaware of danger. We saw that detailed risk assessments were

evident in support plans for both in the home and out in the community. We looked to see if personal emergency evacuation plans (PEEP's) were in place. PEEP's provide information for staff and emergency services to follow to enable them to support people who could not get themselves out of a building unaided during an emergency situation. The people we spoke with had a PEEP in place. This meant that the required information was available to enable them to be supported safely in the event of an emergency.

We saw medication was securely stored and looked at the way medicines were managed to check that people were receiving their medicines safely and as prescribed. We spoke with one person using the service about their medication. They said, "I take my own tablets and sign the sheet for them, I like doing that. The staff always help me and make sure I have done things the right way."

We looked at the medication administration records (MAR) to check they had been completed correctly. We saw that suitable recording of medication administration was in place. This meant the provider could be confident medication was administered as prescribed. We looked at the medication records for people who had 'as and when required' (PRN) medication, and saw that protocols were in place. These demonstrated the decision making processes for PRN medication, to validate when and why medicines were administered. We checked three people's records and found the records and the amount of medication in the home tallied in these instances. This meant the provider could be confident the amount of medication recorded was available in the home and that a suitable auditing system was in place.

During March 2014 the room temperature had only been recorded for two out of four weeks. This meant that staff could not be certain that medication had been stored as required by the manufacturer. There was no-one receiving controlled drugs at the time of our inspection. We saw suitable systems were in place to manage these drugs should they be required.

People were cared for in a homely and spacious environment. No one required any specialist equipment to keep them safe. People were not restricted and could request to leave with the appropriate supervision if they wished to do so.



# Are services effective?

(for example, treatment is effective)

## Our findings

People using the service were positive about their care and treatment. The provider monitored people's well-being on an on-going basis and people were involved in this process. We saw discussion and liaison with a person who used the service about a worry they had. An appointment at the surgery to see the doctor was made for the same afternoon. The person told us they were always able to see the doctor if they needed to.

We looked at three care records as part of our inspection and found evidence that people were involved in their care planning on an on-going basis. We found care plans reflected people's needs and personal preferences in relation to things like diet, daily activities and in their care delivery. The information in the care records enabled staff to understand the needs of the people they cared for and how to deliver care in a way which met those needs. One member of staff told us, "The care plans are really good and detailed. They are invaluable." This demonstrated that there was information in place to support the delivery of people's needs and preferences.

We observed staff responding to people's requests and saw this was done to ensure people's individual needs and wishes were met. People could choose how and where they spent their time and were supported by staff who knew their needs and respected their wishes. Staff we spoke with understood the importance of involving people in their care and told us that people's needs and wishes were met wherever possible. One staff member told us, "It's a homely place to work; in fact it's not like being at work. Everyone living here has their own identity and lifestyle."

Where people were less able to immediately express what they wanted or needed, staff showed patience by spending time involving people as much as they could. They explained what was going to happen and why. We saw there was information about advocacy services available to people and this was discussed with individuals to ensure they were aware of their availability.

None of the people we spoke with expressed any concerns about how their care was delivered to them. They spoke positively about living in the home and described being able to make their own decisions and express their views. One person said, "I can do what I want, make tea or sandwiches." We saw that people were encouraged to remain independent and carry out tasks they were able to. We observed people preparing meals, baking and going shopping during our inspection.

Health professionals were involved in people's care and the service liaised with them as appropriate. People were involved in the administration of their medication and were given enough information about what their medication was for and when they needed to take it.

The staff were trained to provide the specialist care that people required. Examples of subjects covered included autism, the management of actual or potential aggression (MAPA) and epilepsy. The staff also completed competency based assessments to ensure that they could demonstrate the required knowledge and skills in areas such as medication administration.

We spoke with five staff working at the service and they told us that they felt supported and that they felt adequately trained to carry out their roles. One staff member told us, "We have loads of training and we went to the hospital recently to make sure we knew how to care for someone when they came home from hospital." They explained they were encouraged to express their views and opinions. One staff member said, "Staff are listened to, we work as a team."

We found that the staff received regular supervisions and that any training gaps were identified and addressed through this process. We saw that the service held accurate and up-to-date training records for staff which showed that they had been trained in key areas of delivering safe and effective care to people.

People's bedrooms were designed to meet their needs, and they had chosen how these were decorated. People we spoke with described being happy with their home. One person told us, "The building and my room are nice."

# Are services caring?

## Our findings

The staff were friendly and professional in their approach and interacted confidently with people. We observed the staff as they supported the people they cared for. We saw that people were comfortable with the staff who ensured they knocked on doors before entering and listened carefully to people's requests. The staff told us that they always made sure they treated people respectfully and that their privacy was protected when they provided support. The staff provided companionship to people using a range of communication techniques. Staff were interested in people and ensured they were occupied and happy. We asked staff about people's individual needs and preferences and found staff had a good understanding of these.

We spoke with the staff who told us, "This is their home and it's not like work at all. We always ask what people want

and what they want to do. Its relaxed." Another member of staff said, "We make sure we always ask, we never assume what people want." We saw the staff were familiar with the communication needs of the people they supported. This meant the staff had a clear understanding of how to meet each person's needs in a caring and consistent way. We spoke with the staff who were able to give us examples of treating people in a compassionate manner. One member of staff said, "We are sensitive to people's needs, we always ask, they make all their own decisions."

We observed staff speaking courteously to people and reassuring them when giving assistance. People were well dressed, clean shaven when requested and supported to make their own decisions and choices throughout the day. People seemed relaxed in the company of staff and there was affection in many of the social exchanges we observed between people who lived at the home and the staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

During our inspection we saw that staff gained verbal consent from people who used the service for their day to day care. People were asked where they wished to sit and what they wanted to do. People confirmed that the staff asked their permission before supporting them to do something.

People were being encouraged to remain independent wherever possible and were supported to carry out the activities they wished to undertake. We observed people carrying out the daily activities they enjoyed and found they were supported by staff who listened to their views.

People who used the service and a relative told us they had been supported to express their views about how the service was run through regular meetings, involvement in reviews of their care records and through their daily interactions with staff. We saw evidence that the relatives of people who used the service were involved in care planning, and their views were regularly sought.

We found care records reflected people's personal preferences. People's likes and dislikes in relation to food, activities and care delivery were detailed in the records we looked at. Care records were centred around the person and reflected the objective of supporting people to remain independent.

We saw mental capacity assessments were in place when needed for people who no longer had the capacity to make specific decisions. A mental capacity assessment had been completed to record how the decision had been reached, and why this decision had been made in the person's best interest. We saw policies and procedures were in place in relation to mental capacity and DoLS. The registered manager had made a DoLS application in the past, and was aware of what to do under these circumstances. This meant people using the service were supported in accordance with the law. No one using the service had any restrictions placed upon them at the time of our inspection.

People had activity schedules in place that provided evidence that they regularly accessed the local community. Some people using the service saw their friends and families on a regular basis and this formed part of their activity schedules. We observed people accessing local services within the community during our inspection and

people had fulfilling and busy social lives. If people chose not to go out into the community this was supported by adequate staff being on duty at the service. Staff were flexible and able to accommodate requests from people to go out, as and when they wanted, wherever possible.

The service was responsive to people's changing needs and people using the service were supported to remain as independent as possible. People were involved in their care and treatment and their concerns and views were respected and acted upon where necessary. We saw documents such as comments, complaints and compliments were used to gather information about how well the service was performing. One person who used the service said, "You can talk to any of the staff."

We found that there was a complaints policy and procedure in place at the service. This outlined a clear procedure for people to follow should they need to complain. The procedure gave information on how people could complain and timeframes for how and when these complaints would be responded to. They gave information to people on where they could go if they were not happy with the response from the service. The complaints procedure was displayed in the communal hallway and this information was readily available to people using the service. We saw records to demonstrate people's views had been listened to and concerns were investigated and responded to. The provider ensured people were aware of advocacy services and promoted their use. We saw literature was available which offered support and advice.

One complaint had been received by the provider over the last twelve months. We saw that this complaint had been handled in line with the policy and procedures in place. The complaint had been acknowledged in a timely manner and the person's concerns had been dealt with appropriately and with respect. This meant people's views had been listened to and their concerns were investigated and responded to.

Visitors told us they had been involved in the care of their relative and had been able to express their views about the care provided. "They are really good at making sure my relative is involved with the local community."

We were informed regular meetings were held for the people who lived in the home. We were told that people actively participated and articulated their thoughts. The registered manager explained that plans for the home were

# Are services responsive to people's needs?

(for example, to feedback?)

discussed as well as on-going business. One person using the service said, "I chose what I wanted in my room and where things go." Another person said, "I have just been on holiday and chose where I wanted to go. I want to go again."

# Are services well-led?

## Our findings

Staff confirmed the management team were approachable, they received the training they required and worked well as a team. One staff member said, “I have been really well supported and there is always someone available to ask if you’re not sure about anything.”

We observed the registered manager and the staff on duty were speaking with people in the home on a regular basis to find out their views about the care that they received.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that senior managers were approachable and had a regular presence. During our inspection we spoke with the registered manager and the operations manager who had an understanding of the care provided. This showed they had regular contact with the staff and people who used the service.

We saw the care records were reviewed on a monthly basis to ensure that staff had correct and up to date information to meet people’s needs. We saw that health checks were also being carried out regularly to keep people safe.

We saw regular audit took place on falls, medication, accidents and incidents and infection control. We saw action plans were in place to ensure issues were dealt with appropriately. This meant the provider ensured improvements were made in these areas.

We found the provider had plans in place to deal with any foreseeable emergencies which may affect the running of the service. These were in place to ensure people’s safety. The management encouraged an open and inclusive culture for staff to work in. The staff we spoke with were very positive about the leadership in place. We found the staff were motivated, caring and trained to an appropriate standard to meet the needs of people using the service.

We looked at the premises during our inspection to ensure these provided a suitable environment for people using the service. We looked at all of the communal areas of the

home and some people’s bedrooms. We found the communal areas required improvements and these concerns had been recognised by the registered manager and the operations manager on a number of audits that had been completed and sent to the provider. The provider had not taken action in relation to the following but a plan was in place. We will check these have been improved upon at our next inspection

Some areas of the home were tired and required updating and modernisation. Tiles were falling off the walls, redecoration was required and radiator guards were damaged and worn. There was a lack of homely detail to demonstrate people were offered a stimulating environment.

There were regular checks on the physical environment carried out by the registered manager and the operations manager. A recent check had identified a risk with the windows but no action had been taken in relation to this risk at the time of our inspection. This meant the provider had not recorded the action they were taking in relation to this matter.

We saw the garden was large, easily accessible and private. People using the service had planted flowers and vegetables. However, garden furniture was worn and the patio area and lawned area were in need of maintenance and rejuvenation.

We checked that people’s personal allowances were managed safely and effectively. We checked two people’s personal allowances and saw that receipts and a running total were kept. The staff double signed all transactions to demonstrate suitable checks were in place. The money for one person was incorrect but no action was taken to look at where the discrepancy had been made. We discussed this with the registered manager who confirmed they would take the necessary action.

Records showed that CQC had been notified, as required by law in relation to the incidents that could affect the health, safety and welfare of people.