

Elmcare Limited

Oakwood Bungalows

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 ●

Summary of findings

Overall summary

We inspected this service on 13 July 2017. This was an unannounced inspection. This was the first inspection of this service under the current registration. The service provides support to 11 people with a learning disability within two bungalows.

There was a registered manager in the service. 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.

People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns. Individual risks were assessed and reviewed to keep people safe and protect them from avoidable harm. People had opportunities to be involved with a variety of activities and could choose what to be involved with. Staffing was organised flexibly to enable people to do the things they enjoyed.

Medicines were managed safely to ensure that people received their medicines as prescribed and to keep well. Staff knew why people needed medicines and when these should be taken. Staff knew how to support people to eat well and there were sufficient numbers of staff to meet peoples need.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People were treated with kindness and compassion by staff who knew them well. People liked the staff who supported them and had developed good relationships. People received personalised care and were confident that staff supported them in the way they wanted. People's health and wellbeing needs were monitored and they were helped to organise and attend health appointments as required.

Staff listened to people's views about their care and they were able to influence the development of the service. People knew how to complain and concerns were responded to. Staff felt well supported by the registered manager and provider. The provider and manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration and informed us of information that we needed to know.

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.

People were supported to stay safe and provided with support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs and people received their medicines as prescribed. Recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff knew how to support people and promote their independence and well-being. People received healthcare to keep well and could choose what they wanted to eat and drink. People were helped to make decisions and where they needed help; decisions were made in their best interests with people who were important to them.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere and staff had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to develop and maintain their independence. There were a variety of activities which people could take part in within the home or when out and they could

try new activities. People could raise concerns or make a complaint and these were responded to.

Is the service well-led?

Good ●

The service was well-led.

People were happy with their care and were asked if this could be improved. Staff were supported in their role and able to comment on the quality of service and raise any concern. There was a registered manager in post who was supportive to people and staff.

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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 inspection took place on 13 July 2017 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with five people who used the service, four members of care staff, the registered manager, the provider and a social care professional. We did this to gain people's views about the care and to check that standards of care were being met. We observed how the staff interacted with people who used the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks. We reviewed the reports carried out by the local authority quality monitoring officers.

Is the service safe?

Our findings

Staff had a good understanding of how to protect people. The staff had undertaken training in safeguarding adults and described different forms of abuse and what they would look for. The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider.

People were supported by staff who they knew them well and any additional support hours were covered from within the existing team. One member of staff told us, "People here would rather have care from staff they know. If staff are on leave or off sick then we will cover these ourselves." Where agency staff were needed to cover any nursing vacancy, the registered manager told us they would use the agency to find a fixed term contract to ensure continuity of care. We saw that staff were available to respond to requests from people and support people with their interests.

People were supported to take responsible risks and staff helped them with living skills. People were encouraged to be independent and some people enjoyed going out alone. The staff had considered any risk and had measures in place to ensure their welfare. One person told us, "I like going out to the shop. I know how much money I need and what change I should get. The staff used to watch to make sure I was safe when I crossed the road but they know I'm alright and I like to go out."

Some people needed support to manage their anxiety and may display complex behaviour. A health care professional told us, "They are skilled staff and know people really well. Where any complex behaviour escalates, there is an agreed plan that staff follow. I've seen some really positive interactions with people and the staff work well together. They are also very good at supporting other people who witness this so they are not anxious." We saw that people had a behavioural support plan which recorded how to identify whether a person was calm, agitated or anxious with clear guidelines for staff to follow about how to support people.

People were supported to take their medicines. Medication systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took. Medication was also audited by the dispensing pharmacy and we saw recording and auditing systems were effective.

People could choose to be supported to manage their own finances and one person explained, "I go to the bank and get my money out. The people in the bank know me and help me to get my money. I do this and not the staff. I keep my money locked up in the office but if I need it I just ask." A record of personal monies and expenditure was maintained and people told us they were happy the security arrangements for their money.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People confirmed that staff sought their consent before they provided support and they were able to make everyday decisions about their care and support. Where concerns had been identified that people may lack capacity to make an important decision, a capacity assessment had been completed; a best interest decision had only been made where there was evidence that people may lack capacity. Where people had restrictions placed upon them and could not leave the home without support, we saw applications to lawfully restrict their movements had been applied for. One health care professional told us, "The staff understand how to weigh up risks and the support provided is the least restrictive option." We saw people were still supported to have as much choice and control as they were able to in all other areas of their daily life. We saw a DoLS assessor had recorded, 'I have been very impressed by the quality of the paperwork on file. Support plans were person centred and the mental capacity assessments and the best interest decisions were clearly thought through.'

There was a flexible and relaxed approach to meal times and people chose what they wanted to eat. One person told us, "We can help to do the cooking if we want to and make cakes. When I go out, the staff make the dinner and it's ready for when I come home." Another person told us, "We do a menu each week. It's on the wall so I know what it is. We don't have to have any of it if we don't want to." Another person told us, "I like going out for dinner or having a drink and cake." We saw people chose to eat at the table or ate informally with meals on their lap and watching television. One member of staff told us, "It's very relaxed here and this is people's home. They chose where to eat their meal just like I would. If I'm having a pizza I don't always go to the table and it's the same here." We saw people could have drinks at any time.

People felt informed about and involved with their healthcare. We heard appointments being made for health care support because people had expressed concerns with their health. One person told us, "The staff will take me to the doctors or they visit me here. I don't like being sick." The care records included information about health care and professional's advice. The staff understood people's health care needs and could describe to us the support they provided to keep people well. Staff explained that where people had complex needs, training was arranged to enable them to understand how to provide this specific support. One member of staff told us, "We recently went on end of life care as people here are becoming older and although there is no diagnosis of any terminal illness, it is important that we understand how to support people in these circumstances." Another member of staff told us, "We have had training in mental health and personality disorders. This has really helped me to understand people better and why we

provide the support we do."

When new staff started working in the service, they completed an induction into the service and worked towards the completion of the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "We need to complete the care certificate before our induction is completed. I found it really useful and the manager checks that we have learnt everything. It's not just signed off without checking."

Is the service caring?

Our findings

People were encouraged to express their views and staff listened to their responses. For example, we heard people choosing where to go later in the day and what activities to be involved in. People were asked which staff they wanted to support them with any activity and we saw staff respected people's decisions. Where people needed help to make a decision or if they had any concern they were able to speak with an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. One person told us, "You can speak to the manager about anything or an advocate. We can have an advocate to help us. We just ring them up and talk to them." Information was displayed giving contact details for advocacy services.

People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses. Where people has expressed their views on how they would like to be cared for at the end of their life and with funeral arrangements, this was recorded within the support plan. We saw people had requested where they wanted to be buried or cremated; what type of service they would like, which songs should be played and any requested readings.

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were able to choose how to dress to express themselves. One member of staff told us, "People express themselves in different ways and we support them to do that. It's important that people aren't discriminated against and we help others to understand it's important to respect each person's decision."

People were happy and liked to live in their home. The staff were kind and caring and were always happy to help. One person told us, "The staff are very good at guiding me when I am out. They tell me where I am going and what's around me as I can't see very well. The staff are like my guide dog and I've always had good care. I love living here and the staff are great."

People were recognised and valued as adults and staff showed a passionate commitment to enabling people. One person told us, "I've been on some training with the staff. I learnt about fire safety and how to do first aid. I loved that we were doing that together." We saw staff used adult language when speaking with people and recognised their achievements. People's privacy and dignity was respected and people had a key to their bedroom. One person told us, "The staff don't come into my room unless they are invited. I like having a key to my room. I trust everyone but it's my room and I like to keep it as it is; nice and safe."

People were supported to maintain relationships with family and friends. The staff helped people to write letters and wrote about events they had been involved with and included photographs they wanted to share. One person told us, "I like writing to my family and telling them what I've been up to. They can come and visit me but I do this as well."

Is the service responsive?

Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. People were supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time. Some people had chosen to go to a cheese tasting event and other people were going to college or shopping. One person told us, "I'm going to have lunch out and then I'm going to do my voluntary work. I help elderly people and I really love it. I like helping people and I now have some really good friends there." The staffing was organised against the agreed support plan and we saw this enabled people to spend quality time with staff on an individual and group basis. One person told us, "I like having a pint of Guinness when we go to the pub." Another person told us, "I go shopping with the staff when I want to buy new clothes."

The staff were available to provide support throughout the day and spent time with people to meet all their support needs, and keep them safe. We saw staff were not rushed and where people wanted their attention this was given and staff took their time when engaging with all activities. One member of staff told us, "For some people it's really important that they know what they are doing and when, so we sit down with them each week and talk about what they want to do and write an activity planner. If people change their mind, that's fine, but we have a plan for them, which they like." Another member of staff told us, "I'm happy that there is enough staff so people can do the things they chose to do."

People had a support plan and discussed this with staff to ensure it met their current support needs. One person showed us their plan, which had been written in a style and manner that the person understood. They told us, "I sit with staff and we talk about this. I'm happy that this is how they help me." Each plan was written in an easy to read format to support people to understand. Information included what was important to each person, what people liked about them and their hopes and dreams.

People knew how to complain if they needed to and each person had an easy read guide informing them of how to make a complaint. One person told us, "If anything was bothering me then I'd talk to the staff or the manager. Nothing is bothering me though." Another person told us, "The staff ask me how I am and if anything is wrong. If someone had upset me I'd talk to them." Another person told us, "Most of the time, we all get on really well together. Sometimes we don't see everything eye to eye but if we argue we just apologise afterwards and then get on with it. Sometimes you just clash. That's natural as nobody sees eye to eye all the time." We saw where formal complaints had been made, these had been investigated and the person had been informed of the outcome. A member of staff told us, "We have a record we keep of any investigation. Our complaint book just has a brief record that someone has made a complaint as we keep all the information private. We only share this with those who need this information so it is confidential."

Is the service well-led?

Our findings

The service had a registered manager. The staff told us that they provided leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff told us, "The manager and the nurses are excellent here. Nothing is too much trouble for them and they are always available for support or advice." Another member of staff told us, "We work together so well as a team. Many of us have been here for many years and that says a lot. We are here because of the great service we provide together and making sure that people are well cared for in their home."

People gave their feedback about the quality of care each month during their support plan review and their views had also been sought in the form of a satisfaction questionnaire. The last survey recorded positive views and we saw comments included; 'I have wonderful support with the groups I go to.' 'I'm happy here.' And, 'I get great choices and great help making them.' The results of the survey were displayed in the home.

Staff were encouraged to contribute to the development of the service and staff meetings were held for them to discuss issues. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. One member of staff told us, "We talk about what support people needed and how we can do anything better. What ideas we have for any outings or activities. We are listened to, the cheese tasting event today was thought about by a member of staff. We are willing to try anything for people." Staff had been asked to consider how they could demonstrate how the service was compliant with our regulations and our five questions, whether the service was safe, effective caring, responsive and well led. One member of staff told us, "It was useful to think about what the inspection would be like and what we do to demonstrate the good service we provide."

The staff were supported to develop their skills and knowledge. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.

The service had been visited by the local authority quality monitoring team and clinical commissioning group. We saw no that there were no concerns identified on their last visit. The registered manager told us, "We are very proud of how this visit went and were pleased with the outcome as we all try hard to make sure people are well supported."

The provider and manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.