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Elingfield House

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

The inspection took place on Saturday 26 March 2016 and was unannounced.

Elingfield House is registered to provider accommodation and personal care for up to 14 people some of whom are living with dementia.
One the day of our inspection there were 11 people living in the home. Five of the bedrooms can be used as shared rooms. At the time of the inspection three rooms were shared. There is a chair lift to the first floor. There is a large enclosed walled garden.

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. The provider is in day to day control of the care home and as a sole trader there is no condition of registration to have a registered manager in post.

People were safe because the provider had systems in place to ensure staff were trained and understood how to recognise signs of abuse.

Recruitment was robust and appropriate checks were completed before people started working in the home.

There were enough staff working in the home to meet people's needs. Staff received supervision and support in their role.

Medicines were managed safely. Staff were trained and their competency monitored.

Staff had the knowledge and skills to meet people's needs safely and effectively. Staff received training that was relevant to their role.

Consent to care was sought in line with best practice.

People are supported to eat and drink. Food was freshly prepared and home cooking ensured people liked the dishes presented at meal time. People's nutritional needs were assessed.

People had their health care needs met in a timely way by caring staff. People's care needs were assessed and regularly reviewed.

Staff had built positive caring relationships with people living in the home. this was seen throughout the day in the conversations and discussion between care staff and people living in the home.

People were supported to express their views. Staff ensured that people have privacy and their wishes and preferences were respected.

The provider has developed and improved the service and responded to comments from people using the service to improve the home and the care provided.

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
Staff understood the signs of abuse and knew how to report concerns.

Recruitment was robust and ensured people were suitable to be employed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective
Supervision of staff took place regularly and the provider had introduced a system to record both formal and informal discussions to ensure staff were supported in their role..

People were supported to have enough to eat and drink and maintain a balanced diet.

The provider applied the principles of the Mental Capacity Act (2005).Applications to deprive people of their liberty had been made appropriately.

Is the service caring?

Good

The service was caring

People were treated with respect and compassion.

Care staff understood how to ensure people's dignity.

Is the service responsive?

Good

The service was responsive

People received care which was personalised to their needs and wishes. They were supported to participate in a range of activities.

People were supported to maintain relationships important to them.

There were systems in place to listen to people's experience of care and respond to their concerns.

Is the service well-led?

Good

The service was well-led.

The provider was in day to day control of the home.

There were systems in place to monitor the quality of the service and ensure people were listened to.

The provider had plans to improve the service.

Elingfield House

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 26 March 2016 and was unannounced.

The inspection was undertaken by one inspection manager.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

Before the inspection, the provider completed 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with, three members of the care team, five people living at the home. We observed staff supporting people throughout the home and during the lunchtime meal.

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff rotas and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I feel safe in here". Another person said that staff were friendly and listened when they were unhappy.

Staff were fully aware of how to recognise and protect people from abuse. Staff had received training in how to safeguarding people, they had access to the homes safeguarding policy and they knew who to contact to raise concerns. Staff we spoke with knew how to recognise the signs of abuse and knew how to report concerns. One member of staff said they would always report concerns both to the provider and to the local authority. Staff knew that there was a whistleblowing policy and that it was there to protect them when they need to raise concerns.

Robust recruitment procedures ensured people were assisted by staff with appropriate experience and who were of suitable character. Staff had undergone detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

Risk assessments were in place for all people living at the home. All care plans contained information on people's assessed risk including moving and handling and risks associated with mobilising with aids. For example, some people in the home were at risk of fall and the risk assessments contained guidance for staff on how to support people to minimise this risk. We saw that staff understood these risks and observed them supporting people in a manner which ensured their safety.

There was enough staff to meet people's needs. As well as care staff there was a cook, domestic and maintenance person on each shift. People told us there were enough staff to help them when they asked. One person said to a member of staff "why have I had to wait so long" The member of staff apologised and said they were busy helping someone else. They immediately assisted the person. Staff were attentive to people throughout the day, whether they wanted a drink or support with personal care.

Medicines were managed safely. The member of staff responsible for giving out the medicines always wears a red tabard which says," do not disturb". This is to ensure they focus on the responsibility and ensures safety. People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. The provider had systems in place for ordering, receiving and disposal of medicines which were well managed. A member of staff showed us the how the system worked. The storage of medicines met the required standards. Staff received training in administering medicines and staff competency was re-assessed annually or reviewed when required. Medicine Administration Records (MAR) charts were signed by staff after each medicine was given to record that the person had taken it successfully. During lunchtime medicines were given out by staff in a considerate way. They took time to explain the medicine to the person, told them what they were going to do, in this case it was administering

eye drops, ensured they were comfortable and gave reassurance afterwards.

Good

Is the service effective?

Our findings

People said they enjoyed the food in the home, one person told us that they made the food they liked to eat. Another person told us that staff knew how to look after them.

People were assisted by staff who received guidance and support in their role. Staff told us they felt supported. We received mixed information about how staff were supervised. Some staff told us they had received supervision recently but this was not the case for everyone we talked with. Supervision records for staff showed that they had regular supervision but some did not have any recorded for the past six months. The provider's policy on supervision said that staff should have six supervisions in a year. The provider told us that they spoke with staff every day but had not recorded recent discussions. It is important that regular discussions with staff are recorded so it is clear what action is being taken to develop their skills and competency within the role. The provider took action at the time of the inspection to put in place a system to record all supervision including informal discussions day to day. Staff received training in relation to their role. For example, there was training in moving and handling, dementia care and understanding equality and diversity.

There were systems in place to monitor people's health care needs. For example, one person was supported to an audiology appointment and there was information in their care records on what action was to happen next. Another person had their needs assessed by a speech and language therapist and the guidance was available in their care records. Staff knew how to support the person who required a soft diet.

People were supported to eat and drink enough. For example, one person was eating a late breakfast and staff told us that they ensured the person had their breakfast preference no matter what time they came down in the morning. Lunch was relaxed and people sat with their friends and enjoyed conversation throughout their meal. Drinks were available to people throughout the day, both hot and cold depending on their individual preference. People told us that the food was good and we observed that the cook made homemade cakes which people appreciated. Staff knew people's individual food preferences and their individual routines. For example, staff knew that one person liked to take their time with their meal and they ensured they stayed and chatted while the person ate.

People had been assessed as to what capacity they had to make certain decisions. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The provider understood their responsibilities in relation to DoLS and had submitted relevant applications where required.

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. The registered manager and staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA). People's capacity had been appropriately assessed and the outcomes documented. Where people lacked capacity to make decisions, these were made in their best interests and recorded. Relatives and care professionals were involved in making decisions about people's care where appropriate.

We checked whether the service was working within the principles of the MCA. Staff understood how to support people to make day to day decisions about their care. Staff understood how these principles worked and when they needed to ensure the provider involved other professionals in the decision making in the person's best interests.

Good

Is the service caring?

Our findings

People we spoke with said that staff were "very thoughtful", "always had time to chat". Throughout the day we could see that care staff knew people well, understood their anxieties and individual preferences. For example, one person liked to sit in the dining room near the piano, care staff knew they used to play the piano professionally and were able to talk with them about this because it brought them pleasure to have a discussion about music.

Staff were observed to be caring. For example, one person coughed while eating a biscuit with their morning drink. The member of staff was quick to come and check they were alright, reassuring them to take care. When care staff needed to get someone's attention they did so quietly and discreetly, gently touching their hand to get their attention.

Care staff told us: "We are here for the residents". "I love coming to work to look after people" during lunch one person fell asleep at the table, the care worker took away her empty dish and gently woke them up and suggested they go into the lounge to sit in a comfortable arm chair.

Staff promoted independence and encouraged people to do as much as possible for themselves. For example, during the lunch time meal one person ate their meal very slowly, care staff did not intervene or hurry the person along. They spoke with the person to encourage them and engaged them in conversation when other people had left the table.

Staff addressed people by their preferred names and displayed a polite and respectful attitude. Throughout the day staff displayed small acts of kindness to people. For example, they put music on in the afternoon, but not too loud as some people were dozing after lunch. Staff spent time with people chatting this included a discussion about the hens and the number of eggs that had been laid that day.

Staff told us how important it was to ensure that people were dressed the way they liked and were able to express themselves through their clothes and makeup. One person was sitting in the dining room and said they were cold. The member of staff immediately went to get the person's cardigan and made sure it matched the other clothes they were wearing.

People's room were personalised with items important to them. For example, some people had items of furniture and other people had family pictures. Shared rooms respected people's privacy with the use of screens.

Good

Is the service responsive?

Our findings

We found that staff understood people well. One person told us, "staff know when I am sad". We observed staff throughout the day responded to people's requests and needs. Staff worked together as a team ensuring that people were comfortable and their personal care needs met.
People were encouraged to be as independent as they could. For example, people were supported to maintain the skills they had, staff did this with gentle reminder, such as using their walking aid.

People's individual assessments and care plans were developed before they moved into the home. Each person had an assessment before they moved in. The provider had recently introduced a new electronic care system which recorded every activity the care staff provided. It also enabled the provider to have an instant overview of everybody's changing care needs on a daily basis. Staff were still getting used to the system, but it reduced the time spent on paperwork and enabled them to spend more time with people. The new system recorded every entry made by staff and enabled the care plan to be updated as changes occurred. It also enabled the staff to request when people needed to see a health care professional and the provider could monitor when this had been actioned.

A range of different activities were available for people to participate in. There was a weekly activities timetable displayed on the notice board and people confirmed that activities were promoted regularly based on individual's wishes. People told us that there had been Easter celebrations which had included the cook providing homemade hot cross buns and simnel cake as well as making chocolate Easter eggs from scratch. The home was decorated with Easter bonnets which people had made. On the day we visited people were having a quiet day and no activities were planned.

Staff were aware of people's life history and were able to talk to them about their working lives and their families. Even when people were not able to remember some aspects of their lives staff had built relationships with their families and knew information about them which enabled them to support people day to day and understand their needs. People were supported to maintain relationships important to them with friends and family. One person told us that their family were made to feel welcome when they visited.

The complaints process was displayed in the entrance to the home so people and visitors to the home were aware of how to complain if they needed to. There had been no complaints since the last inspection. People we spoke with knew who to speak with if they were unhappy.

Good

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and safety of the home. The provider completed regular audits and took action when issues were found. The provider also had an improvement plan for the home which included replacing the lighting in the home and updating the care alarm system. This was also demonstrated through the introduction of the new electronic care plan system.

The provider was in day to day charge of the home and had links with provider organisations which supported them to introduce new ideas and practice into the home. The provider kept up to date with their training and was aware of good practice in care of older people. The provider had ensured that equipment used in the home was well maintained and regularly serviced. This included the hoists and bath aids.

The provider demonstrated learning from incidents. For example, following a safeguarding investigation the provider had learnt that when someone moves from the home it is important to ensure that paperwork including body maps are up to date and sent with the person to provide continuity of care and ensure the new provider has all the relevant information. The provider was able to demonstrate learning from incidents which improved the quality of care in the home.

All records are held securely. The provider ensured that all information held in the home were stored securely both paper records and electronic records. The hand held devices that staff used to record all care activity stop working if they accidently leave the building with them. This provides additional security for sensitive personal information.

The provider was a visible in the home on a daily basis. They told us that they worked with staff every day and monitored their competency. Staff told us that the provider was very supportive, some staff said they would like more development opportunities and would discuss this with the provider.

The provider used an annual questionnaire to gain feedback on the quality of the service. The last questionnaire was completed by people in January 2016, when there was a very high level of satisfaction. Visitors to the home felt welcome. People thought there was a good standard on food and drink. People felt staff listened and took an interest in them. People also commented on the high standard of cleanliness. People answering the questionnaires were not sure when monthly residents meetings were and felt this could improve. The provider had addressed this by contacting relatives by phone to confirm the date of the meeting and the person's attendance. They had also included the date of the next meeting when sending out monthly invoices.