

Elmleigh Homes Limited

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Inspection report

Elmleigh House
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Nottingham
Nottinghamshire
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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

Elmleigh Homes is a 'care home' for 22 people who may have learning disabilities or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provider, and both were looked at during this inspection. The service is provided on one site but with different buildings. This means that people have a choice of their preferred environment and are able to use their life skills as these develop. The service has its own car and minibus for using on outings.

The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Elmleigh Homes were supported to live as ordinary a life as any citizen.

At our last inspection we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

There were 20 people using the service at the time of our visit. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe at the service. Staff recognised signs of any abuse and knew the process to follow to report such incidents. Staffing levels were maintained to ensure people were fully supported in a safe manner. Medicines were stored and handled in line with current regulations.

People's consent was obtained before any support or care was provided. Staff completed regular training and refresher courses to ensure their knowledge was up to date and people's needs were met in the correct way. People had access to health care professionals and had a choice of food and snacks throughout the day.

Staff were caring and understood the needs of the people receiving support and how choices were to be provided. People's independence was respected and supported, with people enjoying trips outside the service, and attending college, whenever they had chosen.

There was a range of activities offered and regular discussions about how people wanted to spend their days. Appropriate staffing levels were in place to support all outings and activities. The local community was regularly accessed and people routinely undertook such activities as enjoying the local night club, days out for walks and shopping. Contact with family and friends was supported and encouraged, with relatives being part of any celebrations or special events.

Relatives and staff were happy with the leadership of the service and told us that the registered manager

was actively involved in the daily routines and readily available to discuss any matters. Staff felt they were fully supported by the management and were included in any developments of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 comprehensive inspection took place on 23 January 2019. The inspection team consisted of one inspector, and was announced. This was because the people at the service were often out and we wanted to make certain we had an opportunity to speak with them.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection visit we met with five people living at Elmleigh Homes, with the registered manager, the deputy manager and three members of care staff. We looked at three people's care records and related documentation about the support people required. We reviewed three recruitment files to ensure staff were suitable to work at the service.

We observed one mealtime and a medicine round. We also undertook observations around the premises to see how staff spoke with and supported people.

Following our inspection visit we also spoke with four relatives and contacted a healthcare professional that works regularly with the service to ask them for information about the service.

Is the service safe?

Our findings

Staff provided care and support that had been fully risk assessed to support the safety of people. Two people said, "Yes, yes safe." Relatives we spoke with confirmed they felt staff provided safe care and one relative said, "I have no concerns about safety at all, staff are brilliant." Another said, "Oh yes, I feel they [relative] is very safe."

Any risks to people had been fully assessed, regularly reviewed and effective measures were put in place to manage identified or perceived risks. For example, relevant routines and prompts were clearly set out for staff to follow regarding certain people using the stairs safely. Any changes to information or to a person's needs were part of discussions at staff handover, at team meetings and individual supervisions. This ensured that all staff understood the actions they should take to protect people from the risk of harm.

Records showed that people's needs were regularly reviewed, people and their relatives also confirmed this. The registered manager and staff team had worked closely with people's allocated healthcare professionals and care managers to develop effective strategies to manage people's known risks. For example, clear guidelines were in place for staff to follow in the event of any reactions to certain conditions or to prescribed medicines.

Staff described the actions required for certain individuals, and the reasons why such actions were in place, to fully ensure their safety in the event of a fire. Staff confirmed that fire drills, and individual support at such times, were regularly practiced. This was to make certain that people knew what was needed to keep safe in the event of a fire.

People's medicines were safely stored and appropriately dispensed, with clear dates of when medicines were started. This ensured that medicines were in date and discarded when required. Records relating to people's medicines were well maintained and regular audits were in place to ensure that all set protocols were being followed and that records were completed appropriately.

Staff were also observed when handling and dispensing medicines, making certain that procedures met with current guidelines. All staff regularly received updated training in how to administer people's medicines safely. We observed a medicine round and viewed the storage, which was found to be neat, clean and orderly, supporting the safe handling of medicines.

People were supported by a staff team that recognised when people were at risk of harm and had the knowledge to know what action should be taken to keep people safe. We saw that when required, staff had contacted external agencies, such as the local authority or healthcare specialists and had worked closely with other professionals. Staff were aware of the steps to be taken if they felt people were at risk and regular training also supported the safety of people.

Staff confirmed that they would speak out if they had any worries about a person's safety. Relatives we spoke with also said they felt that staff would take appropriate action to keep people safe.

Appropriate recruitment practices ensured staff were suitable to provide care and support to people. These measures included checking for any criminal records and obtaining written references with a full induction programme in place prior to a person starting work at the service.

There were sufficient numbers of staff on duty to meet the needs of people. Staff numbers were decided after risk assessments had been completed for daily activities and outings that people had chosen to undertake. This ensured that people were safely supported when needed.

Records showed that the service continued to develop skills and learn from any incidents or issues presented to the staff team. One relative explained that an illness was diagnosed regarding their family member and staff were new to this issue. The staff team undertook training and had learnt as the person received continued healthcare and medical support from external agencies. This fully supported the individual, their safety and their continued wellbeing.

We found the premises to be clean and had a domestic atmosphere. One relative we spoke with told us that they always found the building to be, "Clean and fresh with a welcoming atmosphere."

Is the service effective?

Our findings

People's needs, choices and mental health were fully assessed when individuals were referred to the service. Records clearly set out the wishes, routines and choices of people including their future goals.

The Mental Capacity Act 2005 (2005) (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures call the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty and the appropriate legal authority were being met.

Records showed that people had their mental capacity assessed where necessary. People were supported to have choice and control of their lives and to undertake as many daily routines as they had chosen. Policies, procedures and systems were in place to support people in the least restrictive way possible. Staff worked to encourage people to be independent and live the life that they wished to lead.

Throughout this inspection we noted that staff provided people with choices and information to make an informed choice. Meals were undertaken when each person decided and food was of their choosing. We saw at lunch time that people had a variety of meals of their choice and one person had assistance that was gently and considerately provided.

People's health needs were met and records showed that any referral to medical services, such as the local GP, nurse or specialists were undertaken as soon as these were needed. Relatives confirmed that people received the appropriate healthcare support and they were kept fully informed of all appointments and their outcomes.

People lived in a homely environment that provided the opportunity for development of their life skills, such as dealing with their own laundry and domestic routines.

Is the service caring?

Our findings

Throughout this inspection we observed interactions and daily routines between people and members of staff. We saw that people were smiling and relaxed as we entered the service and this continued throughout our inspection. Although not every person living at the service was able or felt they wished to speak with us, those who did told us that the staff were caring. One person said, "Yes, they [staff] help if I need it." All relatives we spoke with had no hesitation in telling us that the staff were caring. One relative said, "I have no worries on that score at all, they are brilliant." Another told us, "I am very, very happy with the way they are, [name] is always more than ready to return. They would not be like that if they [staff] were not caring."

We heard laughter and conversations being enjoyed throughout the time we were at the service. Our discussions with staff clearly showed they were caring, one told us that they felt it was like, "An extended family instead of work." We saw people walking freely and relaxed around the building and staff spoke with them and provided support in a considerate way when needed. People were clearly enjoying their time with staff in a confident manner.

We were introduced to people and staff allowed them to then choose if they wanted to speak with us or decided not to. This would be through speaking out or by observing their body language, which was respected by members of staff. They supported each person in a gentle way, and explained why we were in their home. Staff supported people's dignity by having consideration for how they spoke with people, waiting for the person to respond and providing additional information if this was needed.

People's choices and wishes were clearly set out in their support plans, for example plans clearly set out the individuals likes and dislikes. The information included preferred colours, clothes and activities. Support plans were updated and regularly reviewed to ensure the information presented a person's current wishes and decisions. These were also signed by the person concerned to confirm these were their choices and needs.

Staff told us that they enjoyed their work which made the atmosphere at the service positive and relaxed. They each respected that their place of work was a home that should be comfortably designed for the people living there. Staff were motivated and supported to achieve set standards of care and support for people.

Relatives were encouraged and welcomed at any reasonable time and included in celebrations at Elmleigh Homes. One relative told us that they were always welcomed by staff who were friendly. All relatives told us that staff kept them fully informed of significant events and they could speak with staff and the registered manager about any subject.

There were regular social events planned and we saw photographs of past outings that had been framed and hung around the building. One person told us, "I go out once a month in the evening and enjoy it. I have holidays, I go to college and have friends here and at college."

Is the service responsive?

Our findings

People chose how they wanted their daily support to be provided and these choices were obtained during their admission and regularly reviewed and updated. Records showed that detailed assessments had been completed following these choices.

Support was provided to fully meet each person's individual needs. One relative told us, "They all have very different needs there [Elmleigh Homes], but each person is treated totally individually. It's always happy when I visit."

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given.

We saw that information had been produced clearly for people, this was displayed on a notice board and supported by pictures. Staff explained that they also went over information to make sure people had fully understood everything. They also made sure that any implications or subsequent issues that may arise were explained.

The registered manager told us that any communication format a person required would be produced to support their individual needs. On admission people were also issued with an information pack which provided all required information and contact details for external organisations such as the local authority.

Staff numbers and hours were developed around the routines and activities that people had chosen. We heard about such activities as college, trips out for shopping, meals out or holidays at holiday or activity parks, which people expressed their delight at visiting.

People were encouraged to celebrate their achievements, supporting their independence, their wellbeing and self-esteem.

People fully participated in their own support planning and plans were reviewed regularly with their involvement. Care plans were written, "I enjoy.." or "I usually like to..", clearly expressing people's personal choices and preferences.

Staff were fully aware of individual choices and preferences and they explained some of these to us during our discussions. We later read these preferences in individual support plans. This confirmed that staff knew the people they supported and how they liked to spend their time on a day-to-day basis.

End of life care was also supported by staff and records contained the wishes and choices of people for such a time. Where chosen by the individual, relatives were also included in these discussions. As much

information as possible was obtained about people's wishes at such a time. External healthcare professionals were also part of these end of life support plans where needed.

The registered manager had a complaints policy in place. Everyone we spoke with said that they would have no problem with talking to the registered manager or any member of staff if they had any concerns. One told us, "Oh I would certainly speak to anyone, they are all very good and they listen." Another said, "[Relative's name] would not be so very happy if they felt they could not say anything if they were worried. I would notice."

There were regular meetings for people to discuss any issues they may have, plus individual one to one discussions with staff. All meetings were fully recorded and actions developed where required.

Is the service well-led?

Our findings

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

Staff and the relatives we spoke with told us they felt the service was well run and managed. People were receiving support and care from a service that was managed by a registered manager who fully supported the staff team and their personal development. Relatives told us they felt supported through any difficult times and that they felt staff cared about them as well as people living at the service.

The members of staff we spoke with felt they had the opportunity to be fully included in any decisions that were made about the service. They felt supported if they had any personal issues that may require additional support. There was an open-door policy in place that enabled people, their relatives and members of staff to access the registered manager when needed. Staff retention was stable and staff said they would not want to work anywhere else, they enjoyed their job.

Care staff were aware of their responsibilities regarding whistleblowing procedures. Staff told us they would always speak out about any concerns and felt that the registered manager would always listen and take appropriate action. Staff confirmed that they worked together to make certain people were treated appropriately and they would not ignore any signs of poor practice.

There were no recent concerns that had been raised and the registered manager explained that the service worked closely with relatives. Relatives also told us that staff would always ring them and keep them informed of any developments. They always felt fully informed. This meant that when any minor issues had been raised in the past, these had been promptly addressed, preventing any complaints being formally raised.

Regular audits were completed to monitor the quality of the service provided. Any required improvements were promptly addressed. These monitoring systems covered such documentation as medicine administration records, daily notes and support plans. Additional monitoring processes also checked the quality and cleanliness of the service and the safety of the building. These routine auditing systems checked that the service complied with current standards and regulations.

Staff were encouraged to develop their professional skills and undertake further learning when they wished to do so. This further developed individual careers as well as improved the quality of the service. Staff confirmed they had regular supervision where they discussed any issues relating to the people they supported as well as their own personal development.

People and their relatives were routinely issued with questionnaires to give them the opportunity to express their opinion of the service provided. We saw a sample of the most recent responses that were positive

about the quality of care in the home. For instance, comments included, "Excellent, very caring" and "Always clean, well fed and happy."

We saw that all conditions of registration with the CQC were being met, for example, any incidents or matters that adversely affect a person had been dealt with and appropriately reported. Notifications, such as accidents, had been received which the provider was required by law to tell us about. There were no recent events that required CQC to be notified.

Registered providers are required by law to display the ratings awarded to each service. We confirmed that the inspection rating for Elmleigh Homes was displayed in the building and on their web site. This showed an open and transparent culture within the service and provided relatives and visitors with an understanding of the quality of the service.