

Carisbrooke Healthcare Ltd

Elm Tree House

Inspection report

37a Ogle Street
Hucknall
Nottingham
Nottinghamshire
NG15 7FQ

Tel: 01159633573

Date of inspection visit:
19 April 2016

Date of publication:
18 July 2016

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 carried out an unannounced inspection of the service on 27 April 2016.

Elm Tree House provides accommodation to older people. It is registered for a maximum of 17 people. There were 11 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. 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 felt safe and the home offered a safe environment for people to live. People were supported by staff who understood how to protect and keep people safe. Appropriate processes were in place to support staff to report allegations of abuse if required. Risk assessments were in place to identify and reduce the risk to people's safety. Sufficient numbers of staff were in place to keep people safe and the provider followed safe recruitment processes. Medicines were stored and handled safely.

People were supported by staff who had completed an induction and relevant training to help them carry out their role. Staff were knowledgeable about the people they cared for and how to best meet their needs.

People's rights were protected under the Mental Capacity Act 2005. People were supported to have sufficient to eat and drink. People received effective care relevant to their needs. They had access to relevant health care professionals to maintain their health and wellbeing.

People were cared for by kind and compassionate staff. Staff interacted with people in a caring and friendly manner. People were able to contribute to their care and support. People's privacy and dignity was protected. Arrangements were in place to share information to support people with independent advocates if and when required.

Care plans were personalised to meet people's relevant needs and what was important to them. The staff encouraged people to participate in activities that were available in the home. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were complimentary about the management team. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of people at 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 was safe.

People felt safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

People's rights were protected under the Mental Capacity Act 2005

People were encouraged to be independent and to make their own choices. People were supported to have sufficient to eat and drink and have a good experience at meal times.

People were supported to maintain their health and had access to healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them. People's privacy was respected.

There was a positive atmosphere throughout the home.

Is the service responsive?

Good 

The service was responsive.

Staff responded to people's changing needs in a positive way.

People were encourage to take part in the community and participate in activities

People were involved with the planning of their care to ensure they received support relevant to their needs.

The complaints procedure was available and the provider responded to concerns when necessary.

Is the service well-led?

Good 

The service was well-led.

There was a visible management presence and people spoke highly of the registered manager. Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the service. They had opportunities to voice their views and concerns.

The service worked well with other health care professionals and outside organisations.

Elm Tree 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 27 April 2016 and was unannounced.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During our visit we spoke with eight people who used the service, one relative, two care staff, one cook and the registered manager.

We looked at the care plans for three people, the staff training and induction records for two staff, two people's medicine records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People were supported to be protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. People told us they felt very safe in the home. One person said, "When I have a shower, they [staff] are ever so careful to make sure that I don't slip or anything." The person told us about a time before they came into the home. The person said, "I had a fall, which left me feeling nervous, but the staff reassure me and I feel much better about moving around." Another person told us, "Everything here is A1. This is my home and I wouldn't want to be anywhere else."

One relative told us they came to view the home before their family member arrived. They said, 'I came to look round and was very impressed by what I saw. I knew straight away that this was going to be the right place. As soon as I walked in it had a good feel to it. My relative wasn't safe at home anymore and became confused.' They said that the service had put appropriate equipment in place in case the person got out of bed and started to move around unaided. This equipment would alert staff to their movement. The relative said, "It's a real relief to see my relative here and be confident that they are safe."

Discussions with staff confirmed they had knowledge of how to protect people from abuse. Staff told us they had attended relevant training and were aware of the appropriate procedure to follow should a safeguarding issue arise.

We found Information on safeguarding was displayed in the home to give guidance to people and their relatives about what they could do if they had concerns about their safety. Appropriate safeguarding records were kept. There had been no safeguarding issues in the last 12 months. The registered manager told us the procedure for reporting concerns to the local authority. The registered manager also said they had group supervision with staff to discuss issues and concerns to make sure staff were fully aware and kept up to date. We saw this had been discussed in team meetings.

Individual risks were identified and managed. Systems were in place to monitor incidents and accidents. Where required appropriate action had been taken to ensure the incident did not re-occur. People's care records contained assessments according to their individual circumstances including risks of pressure ulcers, falls, bedrails or food allergies. Risk assessments identified actions put into place to reduce the risks to people and these were reviewed regularly. Risks were managed, so that people were protected and their freedom supported for their wellbeing in and around the home environment. We saw people moved freely around the home and staff did not restrict people, but allowed them to walk where they wished in the home whilst supervising them to keep safe.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. The registered manager told us they used a traffic light system in the event of an emergency, such as, a fire. The plans would be used to identify and prioritise people's needs in the event of the home needing to be evacuated.

The registered manager undertook and recorded weekly and monthly checks, such as, water temperatures, call bell systems and fire tests to make sure people were safe. We saw a maintenance book where staff reported any issues. Where issues arose they had been addressed in a timely manner. The environment of the home was free from hazards and clutter.

People did not raise any concerns about the staffing levels during our visit. Staff told us they felt there was enough staff. One staff member told us there was a process for covering shortfalls, such as holidays and absences. We saw staff were visible and supportive throughout the inspection. Staff were busy, but well directed when providing care and support for people. The registered manager told us they had plans in place to recruit additional volunteers to support activity provisions, such as a coffee morning and afternoon teas.

The provider followed a safe recruitment process. We looked at three staff files and they contained relevant safety checks to ensure staff were suitably employed to care for people. Staff we spoke with confirmed they had undertaken a robust recruitment and selection process. We saw all safe and relevant checks had taken place. This included checks on criminal records, references, employment history and proof of ID. This process was to make sure, as far as possible, new staff were safe to work with people living at the home.

People were happy with how they received their medication. One person told us they needed regular oral pain relief and they said, "They [staff] are very good. They make sure I have my tablets and they always ask if I've got any pain and if I need anything else." Another person said, "The staff bring me my tablets every day."

Staff told us they had attended appropriate training in administering medicines. The registered manager told us they undertook weekly observations to ensure staff were competent in administering medicines. We saw these were recorded and if further training was needed would be implemented. People's medicines were stored and handled safely and people received them in a safe way. People who self-medicated had appropriate storage facilities to ensure their medicines were stored correctly. Records we looked at showed they had received up to date medicine training. Senior members of staff were responsible for completing any audits of medication administration records (MAR) and ordering and disposing of any medicines. We saw copies of the completed audits.

We did not observe medicines being given to people, however, staff described the procedure and process they completed to ensure people received their medicines in a safe way. We saw MAR sheets were completed and used to confirm each person had received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person, to help ensure they received the medicine that was relevant to them and as prescribed by their GP. It was identified and recorded when certain medicines were stopped or discontinued.

We found daily audits were in place to monitor that people had received their medicine as required. Records were accurate and temperatures were monitored to ensure medicines were stored correctly to ensure they would be effective and safe.

Is the service effective?

Our findings

People were cared and supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Feedback we received from people about the care they received was positive and their relatives confirmed the care was good. People told us the staff were aware of their needs and how to support them appropriately. A relative said, "This place is amazing. The staff are brilliant with people."

Staff told us they had attended sufficient training to do their job. The provider told us through the Provider Information Report that staff were encouraged to maintain their own personal development and completed relevant training. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care.

We saw staff training was up to date. We observed they were knowledgeable and competent. We observed two staff supporting a person to walk without the use of equipment. The staff encouraged the person to take small steps, did not rush the person and let them walk at their own pace. Another person was unsteady on their feet and staff supported the person to stand up and walk independently with the aid of walking frame. The staff were considerate to the person needs and explaining what they wanted the person to do to enable them to move into the dining room for lunch.

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 DoLS. We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interest documentation had been completed.

Staff were aware and able to tell us which people had a DoLS in place and what this meant for the person. The registered manager told us and staff confirmed they had received training in regards to the MCA and DoLS. The registered manager gave us an example when they had to make a decision in a person's best interest. They told us a person's medication was not working effectively, as the person had difficulty swallowing their tablets as prescribed. Staff discussed with the person's GP to see if the person was able to have the medicine in liquid form. The GP agreed and now the person's medicine was more effective as they are receiving the correct dosage.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) were in place. They had been completed appropriately.

People told us that the food was really good. We were told there was a choice of hot meals and alternative options at lunchtime. People who asked for a drink during the day were quickly responded to and drinks were made available throughout the day. People were able to tell us how they made choices of what they would like to eat. One person said, "I eat better than the Queen, I'm sure. We get asked every day what we would like from the menu, but if there's nothing there we fancy, then the staff give us ideas about what else we might like."

Staff told us they ensured people had sufficient to eat and drink and maintained a balanced diet. One staff member said, "If we have any concern with a person's weight or feel they are not drinking sufficiently we put food and fluid charts in place."

We observed lunch time and what people experienced. The meal time was both relaxed and sociable. The dining room was pleasant and tables were covered with clean tablecloths and condiments were available. People received their meal in a timely manner. There was a choice of main course and some people opted for a salad. All the food looked fresh and well presented.

We saw three members of staff in and around the dining room supporting people who required assistance with their meal. There was a good atmosphere with conversations and a bit of gentle banter between people and staff. Staff were constantly monitoring people and their actions, as people sometimes became loud or oversensitive. For example, one person got up and left the dining room, but had not finished their meal. When the person chose to return back to the dining room we heard staff ask the person if they wanted their meal reheated. We saw staff remove the plate of food and return with the food reheated.

People were supported to maintain good health and had access to healthcare services. This included a GP, dentist and chiropodist. People told us that the district nurses came regularly to the home to see people. One person said, "When I'm poorly, they bring the doctor and they let my daughter know as well. It's never a problem because anybody who needs help can be seen." People had their needs tailored to their individual requirements. Staff were knowledgeable about the people they cared for. People's health was monitored and referred to relevant health care professionals when required. For example, we saw one person had been referred to the falls team. We saw the person's needs were being assessed at the time of our visit.

We saw a health care professional visited the service and was working with one person during our visit. The health care professional told us they worked well with the service. They felt staff followed recommendations when needed and the service always contacted them for guidance when required.

Is the service caring?

Our findings

People told us that the staff were kind and considerate. One person said, "They are all marvelous. Nothing is too much trouble for them. We get everything we want." People told us that they are able to make their own decisions. During our visit we observed several friendly and kind interactions between staff and people who used the service. It was clear that staff knew the people they cared for well.

A health care professional was complimentary about the staff and the service. They told us the service and staff had supported the person and helped their wellbeing by providing person centered care

We observed staff sitting with people and engaged in meaningful conversation. There was a light atmosphere and light hearted comments which were received very positively by people using the service. People received care from staff who understood their life history, preferences and needs. One staff member told us they know what people like to talk about, or what they like and dislike, as the information was written in their care records.

The provider told us through the Provider Information Record (PIR) that they were introducing Key workers to ensure staff matched people's preference and where possible had similar interests. The registered manager told us they organised a regular church service for people who wanted one or it was part of their chosen religion. They also said that one person who used the service organised a carol service at Christmas. This showed us they took into consideration people diverse needs when it was appropriate.

People were supported and free to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Staff told us they always asked people what they want them to do and gave them choices when it came to providing their care. The registered manager told us they were aware of people's individual needs and spoke with people daily. The registered manager also told us they had resident and relative meetings to make sure people had the opportunity to voice their views or raise concerns if they had any. We looked at records of the meetings that had taken place. We saw there had been discussions about staff interaction and events where staff supported people to celebrate certain events for example, Halloween.

Information was made available to keep people informed how they could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views.

People and their relatives told us they could receive visitors and visit at any time. One relative told us, "I come to the home three times a week and always at different times depending on what else I'm doing. I've been told that it doesn't matter when I want to come. I could come at midnight if I wanted." We were told by the relative that the service kept in touch with them all the time about how their relation was doing. They said that the service had a complete open door policy. They went on to say, "I've come in very early in the mornings sometimes and they don't mind. They've told me that if I want to come and have my lunch with my relative I'm welcome to do that."

People told us and we saw they were treated with dignity and respect. Staff described how they treated people with dignity and respected their wishes. They said they made sure people were covered appropriately when they were providing personal care. One staff member told us there was a dignity champion within the home to make sure people were treated appropriately.

We saw the service had created a dignity tree. The tree had people's wishes and aspirations attached to make sure their choices and wishes were respected and adhered to. We saw staff knocking on people's doors before entering rooms this showed they were taking steps to preserve people's privacy when attending to their needs. We also heard staff speaking to people respectfully and using their name they wished to be known by.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to people when they required assistance or support. One person became distressed during lunchtime. The staff supported the situation by taking the person to a quiet area and comforting them. When the person felt better, they chose to return to the dining room. Another person started to be more vocal and unhappy, but the staff managed and responded to the person positively by talking to the person and calming them. We noticed that staff were constantly monitoring the person to ensure they were happy and calm.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. One person's Comments included, "I get up when I want and I go to bed when I want. Everything I do is up to me." Staff told us they listened to people's choices and everyday decisions. Care plans were informative and were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and contained appropriate information and clear guidance for staff to meet people's needs.

People were supported to take part in activities. One person told us, "There was always plenty going on." Another person said, "We're going to do a crossword this afternoon and it's up to you whether you want to do it or not. You don't have to play." A third person said, "There is always something going on. I like that there are people around so you don't feel lonely." Another person said, "We have all sorts of things. There are themed tea parties when relatives come as well. We're having a 'mad hatters' tea party on Sunday." Three people were sitting together in the lounge and they told us they like to sit there to watch the comings and goings of people in and out of the home. They were chatting and seemed to be having a good time.

The registered manager told us some people liked gardening and had planted sunflower seeds in the garden. The registered manager said that people were offered the opportunity to go out and mix with the local community, by going out to lunch at one of the local public houses. They also told us about a time they had a seaside day in the summer. They said there was sand put down outside and a paddling pool and everyone had an ice cream'.

During our visit we saw people taking part in armchair exercises in the lounge and there was a lot of banter and laughter between people and staff. The activities coordinator encouraged people to join in but, at the same time, she respected people who chose not to. We saw people could choose where they wanted to sit or if they preferred they could stay in their room. This showed us people were involved in developing their care and they were encouraged to make choices about their needs.

People were not aware of the complaints procedure, but one person said, "I would tell my family. They see to all that kind of thing." Another person said, "There is nothing to complain about. You would have to be a funny person to complain here." One relative said, "I wouldn't hesitate to go to the manager if I was at all worried about anything."

Staff we spoke with knew how to respond to a complaint. One staff member said, "We would listen to what people had to say and ask them about their expectations of how we could resolve the concern. Then we would inform the manager." Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised. We found no complaints had been received. The registered manager had a process in place to ensure if there were any complaints they would monitor and address any issues immediately.

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the service. All the people we spoke with were full of praise for the manager. One person said, "The manager is just beautiful, helpful and caring. I like her a lot." Another person said "The manager has the interests of the people here at heart. She makes sure that the staff look after us really well." Another person said, "She [the registered manager] knows everybody and so do the staff. We are treated as individuals not just a number. The staff are a brilliant team led by the manager." One relative told us, "The manager is amazing. I see her a lot walking around the home and she is very approachable." They also told us the manager and staff made them feel really welcome.

Staff were also complimentary about the registered manager. They told us how they felt supported and valued in their role and that the registered manager was warm and caring. One staff member said, "The registered manager is supportive, approachable and very fair." The registered manager arranged meetings with people, relatives and staff to ensure everyone had their say in how the home is run.

Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw management had sent out questionnaires in May 2015 and the feedback they received was positive. The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw the registered manager completed environment audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly. We saw where action was required this was documented.

The registered manager told us their key challenge was to ensure people were happy with the service and make sure staff delivered an excellent service to people.

We asked staff if there was anything they would like to improve about the service. One staff member said that they would like to see the décor of the home updated and people be involved with the process. We spoke with the registered manager and they told us the provider was in the process of refurbishing the home. They said if we need anything the provider supplies it. They gave some examples, one where a carpet was not safe and this was changed within the hour of them putting in the request. Another was when people required new beds and they received new beds.

We asked staff what they thought was good about the service and staff responded, it is a lovely place to work. Staff care and we support each other. One staff member said, "We provide good care and it is a very homely place."

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy

Incidents and accidents were monitored and responded to where necessary. Themes and trends were monitored and action taken when required. We found the care files were not always stored securely. We spoke with the registered manager who addressed the issue immediately and removed the files to a more secure area.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. For example, the falls and dementia outreach teams. We noted the service followed their legal obligation to make relevant notifications to CQC and other external organisations.