Saint Elkas Limited

Saint Elkas Care Home

Inspection report

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Bolsover
Chesterfield
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Tel: 01246241519

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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 home on 7 November 2017. At our last inspection we found the provider was meeting the regulations and we rated the home as 'Good'. Saint Elkas is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to accommodate nine people in one adapted building, on the day of our inspection nine people were using the service. It is a large house set in extensive gardens, with a small self-contained annex at the rear of the property. The home's ground floor accommodation comprises of a lounge, dining and games room, kitchen, small office and medicine room. The upstairs accommodation contains the bedrooms and bathroom facilities. The home provides support to people with mental health needs.

The service had a registered manager in post. 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 told us they enjoyed living at the home. They felt safe and protected from harm by staff who had the skills and training to support them. There was sufficient staff and there was a flexible arrangement to support appointment or events. Staff had received training in medicine management and provided safe administration. People were supported to learn to administer their own medicine as part of developing their independence skills.

Risk assessments had been completed and people supported with their risks. Guides were provided and measures taken to reduce the risks. Staff had received training for their role. There was a choice of meals which were decided on a weekly basis at a community meeting in the home. People's diets and preferences had been considered. Referrals had been made to health care professionals to support peoples ongoing health needs or their wellbeing. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People felt they had developed positive relationships with staff who provided a kind and caring environment. They were supported to be independent and their choices were respected. People had been involved in the development of their care and any reviews. Their cultural needs had been considered and wishes in relation to religion. Activities, interests and hobbies were available and encouraged to support people to be stimulated and to support their health recovery. People's care was inclusive and considered people's last wishes.

Staff were supported by the manager and the home had good links with the provider. The registered manager completed a range of audits which reflected the needs of the home and people receiving the care. Community development had been established and new initiatives taken on board to support the safety of people using the service.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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 with staff who understood how to raise any concerns. Risks had been assessed and measures had been taken to reduce them or guidance had been provided to minimise the risk. There was sufficient staff for people's needs and a recruitment process which was followed. Medicine was administered safety and people had been protected from the risk of infection. The provider had learnt from incidents to make improvements.

Is the service effective?

Good

The service was effective
Some people did not always have capacity to make their own decisions. We saw they had been supported to make decisions through a best interest process with the involvement of other professionals. People enjoyed the food and had an opportunity to be included in decisions about their meals. Staff received training to enable them to support people and develop their role. Support from health professionals was requested and available when needed. People could personalise their space and were included in the development of the communal environment.

Is the service caring?

Good

The service was caring
People had established positive relationships with staff and felt they supported them. Family and friendships that were important to people had been supported. Advocates or people of support were available when people needed them. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive
People received care which reflected their needs and preferences. Interests and hobbies had been supported and people were encouraged to make life goals. Complaints information was available and people aware of how to raise a concern. Plans had been formulated to support people's wishes for their end of life needs.

Is the service well-led?

Good

The service was welled
People enjoyed the atmosphere and felt at home. Staff had been supported with their role. People's feedback had been obtained and any changes or improvements shared with them. Audits had been completed across all areas of the home and elements affecting peoples care. There was a clear link with the community and other professionals to enhance and develop the service on offer for people. The registered manager understood their registration and we saw the previous rating had been displayed.

Saint Elkas Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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.
Our inspection was unannounced and the 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.

The inspection was informed by information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan. We also spoke with a social worker linked to supporting people at this service. Their comments were positive and had been reflected within the report.

People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Saint Elkas is a large house set in extensive gardens, with a small self-contained annex at the rear of the property. The home's ground floor accommodation comprises of a lounge, dining and games room, kitchen, small office and medicine room. The upstairs accommodation contains the bedrooms and bathroom facilities. The home provides support to people with mental health needs.

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 reviewed element of the PIR during the inspection.

We spoke with four people who used the service. Most of the people were able to tell us their experience of

their life in the home, however we also observed how the staff interacted with people in communal areas.

We also spoke with two members of care staff and the registered manager. We looked a range of information, which included the training records to see how staff were trained, and care records for four people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service, these included two recruitment files, maintenance documents and a range of audits used to review all areas of the home.

Good

Is the service safe?

Our findings

People told us they felt safe when they received care. One person said, "The building is safe. At night everywhere is locked up and there is someone on duty." Another person said, "There's a nice atmosphere. It's secure and I can lock my room." There was information displayed on the notice board about safeguarding and we saw the topic of how to keep safe was discussed at the meetings held with people who lived at the home. Staff had received training in safeguarding and understood the different possible signs of abuse and how to raise a safeguarding concern. One staff said, "It's about making sure people can enjoy their life without the restrictions of exploitation."

The provider had a proactive approach to assessing risk, this included anticipating and managing the risks. For example, when people went out independently they were encouraged to use a mobile phone or know safe places if they needed to make contact. People also had details of important information on contact cards which they carried with them. There was also a signing in and out board so staff were aware of where people were and to comply with fire safety guidance.

Each person had a fire evacuation plan which was individual to their ability and locations within the home. Fire drills were completed and people had been advised on different emergency exits in case their regular means of escape was blocked by the emergency.

Some people were at risk of skin damage. We saw there was a risk assessment which identified the support a person required to reduce this risk. Currently the person was experiencing good skin, however staff knew to continually monitor the situation, and these checks were recorded.

We saw people were supported when they wished to take risks. For example, one person chose to smoke. They were at risk of chest infections and it was having an impact on their health. The risk assessments reflected all these concerns and how the risks had been discussed with the person. Measures to support their health had been considered, for example the flu vaccination and regular health checks. This meant people were support with individual risk taking.

People we spoke with all felt there was sufficient staff to support their needs. One person said, "There are enough staff for me they're all supportive." Another person said, "There is enough staff here if you need anything." The registered manager told us they had tried various staffing levels at varying times to reflect people's needs and to keep them safe. They felt at present the arrangements worked well. Staff we spoke with agreed. One staff member said, "Staff work well together and we pull in extra shifts if needed. It's important people have consistency here, we don't use agency." We also saw in the staff survey that all the staff had commented that they felt the staffing levels met people's needs. The registered manager confirmed that the staffing continued to be flexible, they said, "We check the diary and if we need to add a staff member to support a person to an appointment or for an event we do that. It's very flexible and fluid to suit people's needs. ." The provider has three other locations, staff told us they occasionally worked across the locations. They said, "It's good to see how other service work, you can pick up ideas." A social worker we spoke with said, "They are careful how they consider the staffing levels so they meet people's needs. Over

time I have seen how they have made changes as people required more or less support." This showed the provider ensured sufficient staff to support people's needs.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. We reviewed records which confirmed these checks had been completed, which demonstrated that the provider had safe recruitment practices in place.

People required a range of support with their medicine. One person said, "I have had a recent medicine review and I am not on much now, but I get help with taking it.'' Some people were learning to administer their own medicine. One person said, "I self-medicate, but staff keep an eye on me to make sure I'm safe. I know the times that it's due and I check the clock. If I do forget staff come and remind me.'' We saw how a check list had been developed and introduced following errors as people learned to administer their medicines. Since the introduction of the checklist there had been no further errors. This shows the provider made improvements through a lessoned learned approach and reviewed it to ensure the changes had been effective.

Medicines had been stored and recorded in accordance with guidance. When people required specific blood tests in relation to their medicine we saw this was recorded and staff took safety measures to ensure the dosage was in line with any changes.

Other people required 'as required' medicine for pain relief or to support their anxiety. For these situations there was clear guidance. We saw peoples anxiety medicine had only been used as a last resort and other methods had been used to support the person. The social worker told us, "Medicine used to support people's anxiety is only used as a last resort and over the last few months one person had not required any which is a positive reflection on the approach being used." This showed that medicine was managed safety and in line with people's needs.

The provider had taken measures to ensure people were protected from the risk of infection. Staff at the home completed all the catering and cleaning. To ensure they had the appropriate knowledge they had received training in the relevant food hygiene certificate. This training provides staff with the knowledge on how to maintain a cleaning regime and how to store foods safety. The home had received a five star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard. Within the annexe a person was supported to maintain a clean environment, they told us, "I keep the annexe clean. I use the schedule that the manager has provided. I like the routine and I will take that with me when I move on.'' Staff had also received training on COSHH (Control of Substances Hazardous to Health Regulations.) which sets out standards for the safe storage of hazardous substances like cleaning products in working environments. The registered manager completed a regular kitchen audit to ensure these standards were consistently followed.

Good

Is the service effective?

Our findings

In the PIR the provider told us they were working towards each person having established individual goals and outcomes and we saw this process had started. One person told us, "I've made a list of goals with the help of my key worker. These included looking for a yoga class and a floristry class." People had been given the opportunity to consider their goals and wishes and the staff member was supporting them to access these. This information was followed through into the care plans which were written and delivered in line with current legislation. For example, when people had specific mental health conditions staff had received training in relation to this and had information available which reflected how they could support the person.

Staff had been supported to gain skills relevant to their role. One staff member told us how they had been supported in relation to the management of medicines. They said, "I was supported through the training and then I received observations and spot checks to make sure I was doing things correctly."

Some staff required additional support through training, they told us they had information printed off in advance of the training to assist them to prepare and given more time and support to complete the written exercise. A new staff member told us, "When I started everyone was so supportive, I could ask any question and I was not made to feel foolish." We saw the provider had an induction programme for new starters. This included completing the care certificate. The care certificate helps 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. A staff member who had completed this training said, "It was good, some parts were quite hard and I learnt a lot." This demonstrated the provider took measures to ensure staff received training at all levels of their career.

People told us about the meals. One person said, "We have weekly meetings and part of that is to decide on meals. We all help. I do the potatoes on Sundays. I'm on veg today." A menu was decided at the meetings and all required food ordered. People told us they could change their mind and there were always alternatives available. One person said, "The main shopping is delivered, but I also go to the local shop for ingredients from my list so I can prepare some of my own food.'' One staff member said, "We give people choices and for some people this needs to be visual." There was a relaxed feel during the day in relation to meals and snacks. People were supported to prepare meals when they had requested them. The evening meal was planned and more formal to encourage a social occasion.

We saw that staff understood people's dietary requirements and these had been considered as part of the menu planning. The home had taken part in the NHS, 'Change for life' programme which looks to provide information and tips to support healthier living. We saw the people had used the recipes and during a meeting identified they would like to continue to use them. We saw some people had been supported to reduce their weight. One person said, "I've lost five stones in weight and I go to a slimming club. I get lots of tips there.'' Other people needed encouragement with weight gain and they were supported and had their weights recorded weekly so staff could reflect on any changes. These people had been supported by health professionals with guidance which staff followed.

The provider had processes in place to refer people to external services to maintain their continuing care and support. Anything which could affect people's health and wellbeing had been considered. For example, we saw referrals had been made to health professionals which had resulted in further medical investigations and treatment. When this occurred we saw people had been supported to attend appointments and all relevant information was discussed and explained. One person said, "A staff person comes with me as I do forget things." For some people it took time to explain the requirements of the treatment and a range of methods had been used to provide reassurance. For example, pictures and information leaflets.

People were able to personalise their space. For example, pictures and furniture which they had chosen. We saw some people had recently purchased new furniture and a no longer required bookcase for one person had been offered to another person who had run out of space for their collection of books. When changes occurred to the communal areas of the home these had been discussed in their meetings. There was access to a large garden which had suitable seating, and we saw people used the outdoor space.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

We checked to see if the principles of the MCA were followed. We saw that assessments had been completed in conjunction with other health care professionals which were decision specific. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. When people were being restricted unlawfully the registered manager had submitted a DoLS application to the supervisory body for authority to do so. When these had been authorised we saw that any guidance or conditions were followed in line with this restriction. We spoke with staff who had received training and demonstrated an understanding of capacity and DoLS.

Good

Is the service caring?

Our findings

People had established positive relationships with the staff. One person said, "It is the best place I have been." We saw that time was taken with people and they were supported at their own pace. One person said, "The support is good. I can chat to my key worker about anything like a friend.'' Another person said, "Staff say let's sit down and have a chat. There's no saying you must talk about this.'' We saw the atmosphere was very calm and when one person appeared to be unsettled, the staff member provided reassurance and offered things which they knew would be a positive distraction. One staff member said, "Peoples choices and preferences are kept at the upmost priority at all times."

All the staff communicated with people in a calm and kind manner. We saw when they assisted one person to make breakfast they offered reminders as to the steps to take. For example, 'remember you put the bread in the top of the toaster.' People were able to be independent and choose what they wished to do. One person told us, ''It's alright here. I go to the shop. I pop for a cigarette. I'm okay here,'' Another person was asked if they wished to paint and this was then organised at the table. They said, "I enjoy painting, I am happy here." All the staff members we spoke with said they enjoyed their role. One staff member said, "Every day is different, we work with people and feel we have achieved things with people."

The provider had built a small annex at the rear of the property to provide the opportunity for people to learn independence skills. The person currently using the annex told us, ''I live independently really, but with support if I need it. I can talk to my key worker about anything." We saw this person had been encouraged, with a long term goal of returning to live independently. They said, "I've seen my social worker and they know that eventually I would like to go back to where I used to live.'' We spoke with the social worker who told us, "They have worked really well and been responsive to this person's needs. They had made changes the environment and been flexible with the staffing levels to support this person."

The person also told us that being in the annex had enhanced the visits from their family. They told us, "They usually come once a month, I enjoy their visits and the staff make them welcome. We usually cook a meal." The social worker said, "They have really helped to keep the relationship with this person's family." Relatives were welcome to visit in agreement with the person's wishes. One person said, "My family visit and I have agreed they can talk to the manager about my care." We saw one person had regular weekly visits home. Staff arranged the taxi and informed the person the times and ensured they felt comfortable with the arrangements.

The registered manager was aware of how to make referrals for an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that some people had accessed this service, however due to their health condition they were unable to remember the advocate consistently so the support was not effective. This person continues to be supported by people who know them well and they feel able to respond to.

People felt their privacy and dignity was respected. One person said, "This is the best place I've been. Staff know me, I'm getting my independence but there's still support." We saw staff took the time to respond to

people and respected their wishes. For example, one person was asked if they wished to do some activities or watch the television, they declined and the staff acknowledged their decision. The staff told us it was important people made their own choices. One person had recently had a birthday, the staff member had checked with them they were happy for everyone to sing at their birthday tea. In the past the person had become upset by this activity. On this occasion they accepted it and we saw they enjoyed the attention.

Good

Is the service responsive?

Our findings

People told us they were involved in their care. One person said, "They include me in all the decisions and the meetings if I wish to attend." We saw the care plans identified people's choices and preferences including any cultural or religious needs. For example, some people enjoyed worship at the local churches. These people were supported to attend. Another person used to attend at a different place of worship, however due to their reduced health they no longer attended. However they continued to receive relevant publications relating to their religion which the staff supported them to read.

People had been empowered to make choices about their life. For example, in how they received their care and the activities they wished to pursue. The care plans reflected people's whole life and any history or personal aspects which impacted on their health condition or choices.

We saw that different measures had been taken to support people to be independent. For example, when people learnt to use public transport. The staff had pointed out land marks and then photographed these to provide a visual reminder. Over a period of time the support offered was reduced until the person was independent with the task. One person told us, "I was taking regular trips to Chesterfield on the bus by myself. My Key worker had helped me to get to know the bus route and where to get off and back on the bus. I have information written down if I get lost or need to remind myself of where I am and a bus pass." Staff talked about how they support people. One staff member said, "We take people through things one step at a time. Then the next time we can build on that confidence." We saw that one person had lost confidence following an incident in the town. The person told us, "For now it has put me off Chesterfield, but I am still going into the local town on my daily walks around the area." The person had been supported to reflect on what had happened and to rebuild their confidence. The registered manager had also reflected on this situation to ensure further safeguards were provided when people were independent in different locations.

There was a wide range of activities accessed by people at the home. These were individual and for some people formed part of their health recovery. Some people had been accessing Rhubarb farm. This is a social enterprise for unemployed people or those recovering from social illnesses or long term mental health. They make items which are sold and they receive life skills along with building confidence. Other people had access to craft sessions or local groups. One staff member told us about a short break they had taken to a caravan park. They said, "It was a real success and we stayed an additional day at peoples request." This meant people were encouraged to engage in activities of interest to them, to support their wellbeing.

When the staff changed over we saw there was a detailed handover. This covered events which had occurred in the previous shift and people's ongoing support needs. One staff member told us, "It's about providing a picture of the person's needs, which incorporated all sorts, their food and fluid, mood, medicine and any one to one time." The registered manager told us, "It helps me to assess people's needs and consider if we need anything additional like health care professionals or a GP."

There was a complaints procedure displayed in the home and people had been given information in

different formats, along with verbal opportunities to express any concerns at meetings or in a one to one setting. One person said, ''I can talk to my key worker or the manager who's always available they listen.'' The provider had not received any complaints since our last inspection.

The service provides care for younger adults with mental health needs. The registered manager had commenced a process to record people's decisions about any end of life wishes. They were striking a balance between the needs of the person and wishes of those important to them. People's religious needs had been considered and their preferences noted.

Good

Is the service well-led?

Our findings

There was a registered manager at Saint Elkas and everyone we spoke with said they knew her.. One person said, "You can talk to her anytime." The staff all felt they were approachable. One staff member said, "She is the best manager I have worked for." They added, "When they walk through the door you feel their caring approach, it makes it a nice place to work."

The staff had received support with supervision and guidance for their role. One staff member said, "It's good as it covers all areas and provides you with things you need to work on. I am happy knowing that." They added, "You also get praise for the things you have done well." The registered manager told us they received support for their role from the provider. There were three locations within the provider's portfolio. The managers for these services all meet on a regular basis and shared knowledge and developments for the service.

We saw there was a guide for each person to complete some household tasks for their own room and support with meals. This guide had been recently amended following a request from one of the people in changing their day to accommodate other aspects of their daily living. This showed the focus was on the person's wishes to enhance their life. A social worker said, "They have contacted me when there had been any concerns, however often by the time I arrive they have resolved the situation or come up with a solution." They added, "They work really well with people to be responsive to their needs."

We saw that audits had been completed across all areas of the home. For example, accident and incidents had been recorded and reviewed on a monthly basis to consider any trends or patterns. For example, one person had experience an incident in town in relation to alcohol consumption. We saw measures had been put in place reduce the risk of it reoccurring. Any learning from this situation was shared with staff at their regular meetings.

Action was taken in response to audits. For example, the kitchen audit had been completed and identified a new microwave was required and this was purchased. Medicines were also audited by the registered manager and the local pharmacy. At the last audit the pharmacy had identified the need for protocols for people receiving as required medicine and we saw this was completed.

A six monthly audit had been completed on the building by the provider. This was unannounced and covered all aspects of the environment, people's views and paperwork. Any concerns from these internal inspections were recorded in a report and actions followed up. For example, the front of the property required some maintenance; this was scheduled to be completed.

People using the service, family and staff had all been given the opportunity to provide feedback on the home. We saw from a survey in March 2017 there was a positive response with several comments of merit. Examples of these were; 'Staff are kind and make me feel welcome.' Another was, 'We believe [name] has improved tremendously since living here, we are beginning to see the old [name] back again, which is something we thought we had lost.' We discussed the survey with the registered manager who told us they

planned to revise how they completed these as there were a lot of questions and was considering a meal survey separately linked to the menu planning. They were also considering how they could share the results of the survey with people and those who had participated. This demonstrated that the provider and registered manager looked to make continuous improvements.

The registered manager had established a link with the local police so they could work in partnership. This was to identify people who may leave the premises and place themselves at risk. For these people the 'Herbert protocol' had been implemented. The Herbert Protocol is a national scheme which documents useful information which could be used in the event of a vulnerable person going missing. We saw these had been completed for all the people relevant for this level of support.

The registered manager understood the requirements under the regulations and ensured they informed us of events which had an impact on the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating and published the rating on their website