

Crosscrown Limited

The Elms Residential Care Home

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Elms Residential Home is a residential care home providing personal care and accommodation for up to 27 older people living with dementia. The service is made up of a four-storey house with en-suite bedrooms and communal facilities. At the time of our inspection visit there were twenty-two people receiving care.

People's experience of using this service

The registered manager was open and honest, and worked in partnership with outside agencies to improve the service. There were checks in place to ensure good standards of care were maintained, however improvements were required to ensure all checks were effective. The registered manager had not sent us statutory notifications to notify us of restrictions placed on people's care, as they were required to do.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff had training to meet people's needs and the registered manager shared guidance with staff on how to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and their independence was promoted wherever possible. They were encouraged to take part in activities which interested them and make new friends. Links to the local community were maintained and this improved people's wellbeing.

People and their relatives were involved in planning care in their best interests. People and their families understood how to complain if they wanted to.

Rating at last inspection

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report published 11 May 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Elms Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

There was one inspector and one assistant inspector.

Service and service type

The Elms Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and two visitors, who included relatives, about their experience of the care provided. We spoke with ten members of staff including the registered manager, the deputy manager, a senior care assistant, four care assistants, the cook, the activities coordinator and the operations manager. We also spoke with a health care professional about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors. We observed care and support in communal areas. 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. We reviewed a range of records, including four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We received further information from the provider to validate evidence found, including an improvement plan detailing actions taken following our visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care staff were able to explain how they supported people to ensure any risks to their safety were minimised.
- Care plans detailed how to support people safely. However, some identified risks had not been properly assessed, for example, distressed behaviour and smoking. The registered manager took immediate action to ensure appropriate risk management plans were in place for all identified risks.
- Radiators in some communal areas were very hot to touch. The registered manager and the operations manager gave their assurance improvements would be made to protect peoples safety.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place.
- The provider had acted to minimise risks related to emergencies and unexpected events. Environmental risks had been assessed and were reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us, "The carers do whatever they can to help. You feel you are in safe hands."
- Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff explained what action they would take if they felt someone was at risk. They said, "I'd go straight to the manager or the senior. I would make sure the resident was safe."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities.

Staffing and recruitment

- People told us and we observed there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- People told us they received their medicine when they needed it. One person explained how they had been reviewed since moving into the home and they now received pain relieving medicine which had improved their quality of life.
- Only staff who had been assessed as competent supported people with their medicines.

- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through supervision and staff meetings to reduce the likelihood of further incidents reoccurring.

Preventing and controlling infection

- All areas of the home were clean and tidy. Care staff knew about maintaining good hygiene standards. One member of care staff told us, "We wash our hands up to elbows and have short nails."
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in their care plans. Not all the protected characteristics under the Equality Act 2010 had been considered. The registered manager assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training. New staff had worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training which gave them the knowledge and skills to support people according to their individual needs. Staff received training tailored to meet people's individual needs, such as dementia awareness. A member of care staff told us, "If there's any training I feel I need, I raise it with the manager or the deputy manager."
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received choices in the food and drinks offered. One person told us, "Everything is spot on. There is a choice of meals and they are always on time." A relative told us their family member enjoyed the food and was, "Thriving."
- People received the support they needed to eat and drink at mealtimes. Meal times were relaxed and people ate in the dining room or elsewhere in the home, according to their preferences.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. A member of staff explained how they supported one person with their specialist diet to ensure their wellbeing was maintained.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded. Staff explained they had close links with health professionals and contacted them if they had any concerns about people's nutrition and hydration needs.
- People were offered a choice of drinks during the day of our visit. We saw staff prepared any specialist drinks according to current guidance and supported people to drink safely.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Where a need was identified, people were referred to other healthcare professionals such as the speech and language therapist, for further advice about how risks to their health could be reduced to promote their wellbeing. One person confirmed this and told us, "I have a dietician coming today because I've lost weight."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called 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 had the appropriate legal authority and were being met.

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority. However, they had not sent us statutory notifications as required, to advise us of the outcomes of four renewal applications made in 2018. This had not impacted on people's care. Staff had followed the recommendations in the authorisations and the registered manager gave us their assurance this was an oversight and sent the required statutory notifications immediately following our visit. The registered manager arranged refresher training regarding the principles of the MCA for all staff following our visit.

- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.

- Staff told us how they obtained people's consent and supported people to make daily decisions in their best interest. One member of staff told us how they obtained consent from people who could not verbally communicate. They told us "We communicate clearly with people and give them time to respond."

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet the needs of people who were living there and there were a number of communal areas. Hallways and doorways were wide enough to allow people to use specialist equipment, such as wheel-chairs. The upper floors were accessible by a lift or stairs. There was a communal garden where people could spend time if they wished.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff cared about them and valued them as individuals. One person told us, "I feel I am home." They explained they were looking forward to Christmas at the home with their, "New family" (people and staff at the home.) A relative said, "The staff are always smiling, they treat people so well, they are so compassionate."
- Staff enjoyed their role in supporting people to ensure they had the best life possible. A member of staff told us, "We are patient and let people relax. We don't rush about because we know people can sense it." Another member of staff explained how they put people at ease when they first came to the home. One person confirmed this and said, "I was tied up in knots (when they first moved to the home) but the staff keep you calm and look after you, it's a lovely atmosphere."
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When one person displayed signs of anxiety, staff gently reassured them until their mood changed and they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They understood some people might need particular support to make them feel equally confident to express themselves. One member of staff explained how they supported one person with a sensory impairment. They said, "I approach (Name) quietly and tell them who I am and that I'm coming into the room. I always have my hand on their arm when walking and I keep talking to them."

Supporting people to express their views and be involved in making decisions about their care

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff get on with their job and they respect your body." Relatives told us staff were very careful to support people with personal care in private.
- Staff explained how they encouraged people as much as possible with everyday tasks, such as feeding themselves, to help maintain their skills and their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to people's needs. A relative told us the care their family member received had been fantastic since the day the registered manager first assessed their needs, they said, "I cannot fault the care." A health professional told us staff knew people well and it was easy to obtain the information they needed to support their patient.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. A member of care staff explained how they adapted the support they gave people and said, "People's wellbeing changes throughout the day. I ask people how they are feeling."
- Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health. People's preferences were recorded and staff had good knowledge of these.
- People were included in the review of their care plans in ways that suited their individual needs. People's family were invited to reviews where people had consented and told us these were carried out regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and in care passports. A care passport is a document which summarises individual's needs and were used in healthcare settings to provide professionals with information.
- Staff supported people to understand information in a way that met their individual needs. For example, people were supported to understand information better by using pictures. The registered manager told us if people needed information in particular formats, they would ensure these were made available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff in groups and on a one to one basis, to engage in daily activities. People were very enthusiastic and told us, "Yesterday I went to the hall for a coffee, then after lunch we played bingo and I won a few sweeties" and "We had fireworks and a bonfire and a barbeque, it was so lovely...I haven't felt like that for years."
- The registered manager and activities coordinator were committed to improving people's wellbeing. They told us, "We want everyone to be included" and "People feel alive when they do new things."
- People took part in different activities based on their individual needs and preferences, many activities

were based in the community, including trips into the local neighbourhood for coffee, to the pub, to shops and places of interest such as the library to join in crafting clubs. Staff explained some people had been visiting some places for a long time, so they were able to maintain bonds and friendships with people in the local community and this improved their well-being.

- There were planned activities within the home, these included visiting entertainers, church services and local schools. Staff planned seasonal activities in the home, such as bonfire parties and Remembrance Day crafts.

Improving care quality in response to complaints or concerns

- No complaints had been made in the last 12 months. The registered manager explained how they would investigate and respond to any complaints in the future, in accordance with the provider's policy.

- The provider's complaints procedure was accessible to people in a communal area.

- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives, when required. The registered manager explained how care staff would work alongside other organisations, such as community nurses, to provide responsive end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service was not always consistently managed. Leaders were working to create a culture which promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and continuous learning and improving care

- The registered manager understood their obligations for reporting important events or incidents to the CQC. However, they had not sent us statutory notifications to advise us of the outcomes of four renewal applications to restrict people's liberty, although they had made appropriate applications to the relevant authorities. We were assured this was an oversight as other statutory notifications had been submitted as required.
- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans and medicine records. However, some checks were not effective because they had not identified issues we found during our inspection visit. For example, gaps in people's risk assessments. We discussed this with the registered manager who told us they were dedicated to making improvements and provided evidence people's care plans had been updated following our visits. Records showed other actions were taken to make improvements to the service, following checks made by senior staff.
- Staff told us communication was good within the service and they were encouraged to suggest improvements and share information during staff meetings. Staff told us, "The manager asks everyone in the meeting for our ideas" and "We discuss what's good and how we can improve." Staff explained they also shared information about people's changing needs during daily shift handovers. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

How the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duties under the new general data protection regulations.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the leadership of the service and staff told us they felt supported by each other and by the registered manager. Two members of care staff told us, "I'm really happy working here, it's a lovely environment" and "The managers door is always open and things are treated in confidence."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about

people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.

- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- People told us they were encouraged to share their experiences of the service by completing surveys and attending meetings. The most recent survey was completed in October 2019 and there had been 46 positive responses from people living at the home, relatives and health professionals. The results had been shared with people in a way that was easy to understand and highlighted areas for improvement. For example, a comment had been made about the length of staff's fingernails and this had been addressed with staff.
- A regular newsletter was produced which was easy to understand and contained pictures and items of interest for people living at the home and their relatives.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.