The Elms Residential Home Limited

The Elms Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 10 November 2014. It was unannounced inspection. Our inspection was planned at short notice because of concerns we received about how staff may have been behaving towards people who used the service and standards of cleanliness and infection control.

The Elms is a small home providing residential care for up to 18 older people. There were 16 people using the service at the time of our inspection. Most people using the service had a dementia type illness.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People told us they felt safe at the service. Plans of care contained risk assessments associated with people's care routines, but we saw one plan of care where the risks associated with using mobility equipment had not been

Summary of findings

assessed. We saw some instances where risks were taken inappropriately and guidance about storage of cleaning equipment had not been followed. The registered manager took prompt action to remedy these matters.

Staffing levels were based on dependency levels of people who used the service. Enough staff were on duty to meet people's needs. The provider had recruitment procedures that ensured as far as possible that only people suited to work at the serve were employed.

The provider had arrangements for the safe management of people's medicines.

Most of the people who used the service had difficulty with their hearing or were deaf. Staff did not have the necessary skills, training, information or guidance to be able to communicate effectively with them. After we discussed this with the registered manager they ordered a supply of communication signs designed for use in care homes.

People who were able had opportunities to make suggestions and provide feedback about what they thought of the service.

No person who used the service had a mental capacity assessment, which meant that people's consent to care and support had not always been sought in line with the Mental Capacity Act 2005. The provider was not meeting the requirements of the law in relation to obtaining and acting in accordance with the consent of people who used the service. The provider had met requirements of the Deprivation of Liberty Safeguards. Use of restraint at the service had been authorised by the appropriate body. Staff had variable understanding of MCA and DoLS.

People were supported with their nutritional needs. They were able to choose what they ate. People who required support with eating received appropriate support. Staff supported people to maintain their health. Staff monitored people's health and made appropriate referrals to healthcare professionals. Staff supported people to attend appointments with dentists, opticians and other health professionals.

Staff were caring and treated people with kindness. However they did not always protect people's dignity. We saw two instances were staff had not protected people's modesty when they helped lift them. The registered manager took prompt action to remedy this.

The manager and staff shared a vision about what the service wanted to achieve. People who used the service and relatives were involved in the development of the service. The registered manager had not reported all incidents where people had suffered injuries to the local authority and Care Quality Commission. The provider did not have adequate arrangements for the effective monitoring of the quality of the service or delivering improvement.

We found that the provider was in breach of two regulations. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People were not always appropriately protected from risk of avoidable harm.

Enough staff were on duty. The provider had effective recruitment procedures.

People received their medicines when they needed to.

Guidance about infection control and hygiene was not properly followed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not consistently apply good practice when supporting and communicating with people who used the service.

The service had not made assessments of people's mental capacity. Staff had variable understanding of the MCA and DoLS.

People's nutritional needs were met, and they were supported to access health services when they required.

Is the service caring?

Requires improvement

The service was not consistently caring.

Staff showed kindness and compassion to people who used the service, but people were not always referred to in a dignified way in written records.

The service sought people's views about the care and support they received.

Is the service responsive?

Good

The service was responsive.

People's plans of care were not always up to date and care records were not always completed accurately.

People were supported to follow their interests and hobbies. Relatives were able to raise concerns about the service if they wanted to.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

People who used the service and their relatives had a say about how the service was provided.

The service did not have effective arrangement for ensuring that all reportable incidents were reported to the local authority and the Care Quality Commission.

Summary of findings

Quality assurance procedures did not result in continuous improvement.

The Elms Residential Home

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.

The inspection took place on 10 November 2014. The inspection was unannounced.

The inspection team comprised of an 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 expert-by-experience at this inspection had experience of adult social care and caring for elderly people.

Before our inspection we reviewed information we held about the service. This included notifications we had received from the service about the number of people who had passed away or experienced injuries since our last inspection. We also reviewed information of concern we had received from a relative of a person who had moved away from the service.

During the inspection we spoke with five people who used the service and relatives of two of those people. We spoke with the registered manager and three staff. We looked at plans of care of four people who used the service and records of three residents' meetings. We also looked at the results of surveys of people who used the service and their relatives and a survey of visiting health professionals. We also spoke with a social worker who was at the home to talk with a person they supported. We spoke with the local authority adult safeguarding team about an investigation visit they had made to the service.

Requires improvement

Is the service safe?

Our findings

Two people who told us they had used the service for several months said that they felt safe. A relative of another person told us, "My mother has been here for 10 years, and I have no concerns [about her safety]."

The service had policies and procedures that were aimed at protecting people from avoidable harm and abuse. However, people were not always protected from harm or risk of injury. We witnessed a senior care worker use an unsafe and inappropriate technique to lift a person from a wheelchair. This had placed both people at risk of injury. The senior care worker acknowledged that the technique they had used had been inappropriate. Another person had been assessed as being at risk of falling from their bed at night. They had a bed mattress placed on the floor beside their bed in case they fell. Whilst this protected the person from injury in the event of a fall it did not offer the same level of protection as a purpose made 'fall mat'. Such a mat was on order following a requirement made by a local authority safeguarding officer required it two days before our inspection. We also noticed that staff used equipment to assist another person to stand that had not been risk-assessed for that person. This again posed a risk of injury to both people. The registered manager carried out a risk assessment and amended the person's plan of care on the day of our inspection.

People's plans of care included risk assessments associated with their personal care routines. This meant that staff had information about how to support people without causing harm or exposing people to the risk of harm or injury. People who spent a lot of time alone and who required regular observations were regularly observed to ensure they were safe and comfortable.

The provider had policies and procedures that took account of national guidance about infection prevention and control and hygiene. This indicated that the provider had sought to provide a service that was clean and hygienic. However, guidance about safe storage of cleaning equipment had not always been followed. We saw mops, buckets and cleaning solutions had not been appropriately stored and this carried a risk of cross contamination. A bathroom we saw had stains in the toilet and no paper towels in a towel dispenser. We brought these matters to the attention of the registered manager who immediately ordered new cleaning equipment.

Staff had received training about safeguarding of people from abuse. Staff we spoke with knew what constituted abuse and how to respond and report to any signs of abuse. The provider had a whistle-blowing policy which informed staff they could raise concerns externally, for example with the local authority or the Care Quality Commission. Staff we spoke with knew about the policy and how to raise concerns externally. This meant that staff knew that they could raise concerns without compromising their position.

Comments from three people who used the service included, "The staff are good to me", "I get on with the staff, they look after me" and "I get personal care and they are good to me." The registered manager told us that staffing levels were based on people's dependency levels and needs. Rotas showed that sufficient suitably trained staff were on duty during the day and night to meet people's assessed needs. Staff we spoke with told us they felt enough staff were on duty each day. The provider had effective recruitment procedures that ensured as far as possible that only people who were suited to work at the home did so.

The registered manager had used disciplinary procedures after they had identified poor or unsafe practice by staff. That was done in a constructive way and where appropriate refresher training was provided.

People did not raise any concerns about their medicines or how they were given to them. The service had effective arrangements in place to ensure that they received their medicines at the right time. Medicines were given to people only by staff who had received appropriate training and who had their competencies to do so regularly reviewed. The service had arrangements for the safe storage of medicines.

Requires improvement

Is the service effective?

Our findings

We spoke with staff about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support, and protects them from unlawful restrictions of their freedom and liberty.

Most of the people who used the service had dementia but none had a documented or other assessment of their mental capacity. It was not clear from people's plans of care what types of decisions people could and could not make or who could make them on their behalf. This meant it was not clear whether people had given their consent to care and support.

The registered manager was knowledgeable about MCA and DoLS. Staff knew they had to seek and receive a person's consent before providing care and we saw staff do that. However, care staff we spoke with had varied understanding of the legislation. One care worker could not tell us what the relevance of the legislation was despite having had training about it. Another care worker had not had training about MCA and DoLS despite having worked at the service for several months. They had awareness of MCA and DoLS because they had carried out their own research. This meant the provider had not ensured that staff understood how MCA and DoLS applied to the people who used the service and there was a risk that their human rights would not be protected.

These matters constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person at the service had an authorised DoLS in place. However none of the staff we spoke with knew of this. Two other applications were awaiting a decision by the DoLS team based at the local authority.

People who used the service spoke in positive terms about the service. One person said, "[It's] so homely and so comfortable." People who had lived at the home for several years said they liked living at The Elms. People were complimentary about the staff. A person told us, "I am well cared for, [the staff] are all pretty good." A relative told us, "My mum is bedridden but well looked after, and she gets good personal care."

Most of the people who used the service had difficulty with their hearing or were deaf. Their plans of care did not detail how people wanted to be or could be communicated with or whether they had or wanted to use hearing aids. Nor was this information available elsewhere for staff. The registered manager told us staff spoke loudly to people in order to be understood. We observed that to be the case.

We saw a note in a care record that said, `There are times when it is hard to understand what [person using service] is saying but this is partly because they have a [national] accent.' There was nothing in that person's plan of care about how that communication challenge could be overcome. Staff had not been trained to use different forms of communication to help people understand them; for example basic sign language or visual aids that are designed for that purpose.

In this crucial area therefore staff did not have the skills or knowledge to communicate effectively so that they could provide care safely, effectively and responsively After we discussed this with the registered manager they ordered a supply of signs designed for use in care homes to assist people and staff with communication.

People were complimentary about the food they received. One person said, "The food is very good and we get a good variety." People were supported to have enough to eat and drink. They were provided with freshly prepared healthy and nutritious food that was based on their preferences. People who needed softened or pureed food had that food. People were offered choices of breakfast and lunchtime meals. People's plans of care included assessments of their nutritional needs. Information about people's specific dietary requirements were known to the cook. This ensured that people with specific needs were provided with food appropriate to their needs. Staff recorded people's food and fluid intake which meant it was possible to monitor how much people had drunk and eaten and to detect any changes which could indicate deterioration in a person's health. People who needed to be weighed were weighed monthly and records were kept of their weight and body mass index. These records were monitored for indicators of changes in people's health or signs that their nutrition needed to be reviewed.

People were supported to maintain good health. Staff knew about medical conditions that people experienced and were able to identify changes in people's health. Staff we spoke with told us that they looked for signs such as

Requires improvement

Is the service effective?

changes in a person's mood and appearance. Staff had reported concerns about changes in people's health to the registered manager or senior care worker who had called a doctor or a nurse to visit the person. Other health professionals routinely visited the service at regular intervals.

Staff we spoke with told us that they felt supported through supervision. Two care workers we spoke with told us that they had a supervision meeting with their manager every two months. They told us they found those meetings helpful and they had been able to make suggestions about the service.

Requires improvement

Is the service caring?

Our findings

Staff showed kindness and compassion when they supported people. Comments from three people who used the service included, “The staff are good to me”, “I get on with the staff, they look after me” and “I get personal care and they are good to me.” A care worker spoke to a person who showed signs of being anxious in a calm and reassuring manner. The person then appeared relaxed and showed no signs of anxiety. Staff took time to hold conversations with people or to sit with them and hold their hand. A person who used the service told us, “The staff are good to me, we have family talk.” We saw staff sitting with individual people having conversation with them. A care worker told us, “I try to establish a caring relationship with people by talking with them. I treat them as I would my father and mother. I’d be happy for them to use this service.” We saw that staff treated people as individuals. Staff used people’s preferred names and we heard people use care worker’s names. A person who used the service told us, “I get on with the staff.” Another person spoke about one of the care workers and described them as “ever so nice.” Staff we spoke with knew about people’s life history and about things that interested people. They used that information when they spoke with people. This showed that staff and the people they supported had developed caring relationships.

Staff we spoke with were able to give good examples of what treating a person with dignity meant. They showed concern for people they supported and were attentive to people’s needs. A person who used the service told us, “At night when I call the carers they answer quickly.” Staff regularly asked people if they were comfortable and discretely asked if they needed personal care.

However, we saw two instances where care workers had not protected people’s modesty after their clothing had moved when being supported in the presence of other people. Staff did not either cover the person’s legs or adjust their clothing whilst they supported them. Another example concerned a person who called out for long periods. Staff we spoke with about this and records we looked at described the person’s vocalisation as “wailing”. We considered that this was a very undignified way to refer to this person. We raised these matters with the registered manager who told us that they would discuss our feedback with individual staff to ensure that such incidents did not reoccur.

We saw that people’s plans of care were reviewed monthly. Most review records stated `no change’ was required and those entries appeared for many months in succession. More recently, reviews of plans of care were more thorough and we saw staff involving a person in a review of their plan of care. We saw a meeting between a social worker, a person who used the service and a relative taking place which showed that the service had supported people to be involved.

Staff respected people’s privacy. Personal care was provided in people’s bedrooms or in bathrooms. Staff used specially designed signs to prevent other people entering rooms at those times. Staff made regular discreet observations of people that did not intrude on their privacy. Staff respected people’s choices about how they spent their time, for example when they got up in the mornings and when they went to bed at night. A person told us, They look after me, I have choice of going to bed and I watch TV at night.”

People’s care records were securely stored which meant that unauthorised people could not access the records. People’s plans of care and other documents containing confidential personal information were in the registered manager’s office.

Relatives of people who used the service were able to visit without undue restrictions. We saw relatives visit throughout the day of our inspection. Relatives were able to take their parents out and the staff helped people prepare for those occasions.

Good

Is the service responsive?

Our findings

People said that they received the care they needed. Three people's comments included, "I am well cared for", "The staff, they look after me" and "I have good personal care." People's plans of care included information about how people wanted to be supported. That was important because it meant that staff could read about how they should support people as individuals. Staff we spoke with were knowledgeable about people's individual personal care and mobility needs.

Staff provided activities for people. Activities we were told about were mostly social activities like birthday parties, sing-a-long sessions for larger groups of people and table games such as dominoes for smaller groups of people. The registered manager had established links with the local community. For example, representatives of local churches visited the service. Links with a local school had resulted in school choirs visiting the home at Christmas time.

On the day of our inspection we saw two people spend time reading and one knitting. Other people watched a television programme of their choice, others sat in a lounge area and two participated in a game of skittles. Most people spent most of their time with other people, which protected them from risks of social isolation.

People's plans of care included information about people's likes, dislike, hobbies and interest and they had regularly been supported in pursuing them. However on the day of our inspection we saw little activity that was aimed at meeting the specific needs of people with dementia. The registered manager told us they would take note of the national guidance available on this.

The service was responsive to people's changing needs. Staff had recognised changes in a person's behaviour and communication and had begun to monitor it to identify a possible cause with a view to involving healthcare specialists. The service had listened to people's views and acted on them. For example, a person had requested to be moved to a downstairs room and the service had accommodated that person's wishes without compromising other people's preferences. A relative told us, "My mother wanted me to move her downstairs, and they [staff] gave one immediately a room became vacant down here."

People had opportunities to express their views at 'residents' meetings that took place every three months. The registered manager told us that people and their relatives were encouraged to give their views and be involved in the development of the service. A record of the April 2014 meeting showed that people and their relatives had contributed ideas and suggestions.

People we spoke with said that they had nothing they wanted to complain or raise concerns about. People had raised minor concerns which had been acted upon. The registered manager told us that no complaints had been received since our last inspection in October 2013. The provider had a complaints procedure that was displayed on information boards. That made the complaints procedure accessible to people who could read easily, but less so to those who could not. The complaints procedure was not in an easy to read format for people with dementia or people with communication difficulties. That meant the complaints procedure was not equally accessible to all people who used the service. We discussed this with the registered manager who told us they would prepare an easier to read format of the complaints procedure.

Requires improvement

Is the service well-led?

Our findings

We spoke with the registered manager about how they assessed and monitored the quality of care people received. They told us that they carried out daily `walk-about' to check people's room were clean and tidy; that staff wore appropriate protective equipment when supporting people. They also observed care worker's practice and reviewed pans of care each month. Those checks were important but they were limited. The monitoring and checks that had been carried out had not identified the range of concerns we brought to the registered manager's attention during this inspection. These included the inability of staff to communicate effectively with most people using the service, lack of training and awareness of the Mental Capacity Act (2005) and matters related to infection control. Nor had they spotted the need for a 'falls mat' identified by the local authority immediately before our inspection.

The registered manager had, shortly before our inspection, begun to work with the local authority to improve their quality assurance procedures. We found that the absence of effective procedures for monitoring and assessing the service were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out an annual survey of people who used the service. However, the design and content of survey did not offer a people an opportunity to rate the service or say what they liked or disliked or what changes they would like to see. For example it was not in a format that could be understood by people with dementia and did not allow for comments. This did not give the provider information to help them to come to an informed view about what people thought of the service. This was an area that the registered manager was being helped to improve by the local authority improvement team.

A registered manager has a responsibility to inform the local authority and the Care Quality Commission of certain types of incidents. These include incidents where people using the service suffer an injury or if there are incidents where a person experiences harm or a risk of harm. We learned at our inspection that one safeguarding incident had not been reported to the local authority. An incident where a person had experienced an injury had not been reported to the Care Quality Commission. The latter had not been reported to CQC due to a misinterpretation of the regulations which we clarified with the provider during our inspection.

Staff told us that they were encouraged to raise any concerns they had about the care and support people received with the registered manager and provider. They said that that their suggestions about procedures and care records had been listened to and adopted. For example, staff had helped design forms used to record observations. This showed that staff had an input into aspects of the running of the service. Staff told us they felt well supported by the registered manager.

The registered manager and staff shared a common vision about the aims of the service, which was that people should receive the best care and support possible.

The registered manager provided constructive feedback to staff about their observations and about the outcomes of inspections by external agencies including the Care Quality Commission. Staff had access to reports of our inspections.

The registered manager was working with the local authority that funded some of the placements at the service. The local authority had assigned someone from their quality improvement team to assist the registered manager make improvements to the service. This showed that the registered manager was open to suggestions about how the service could be improved.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The service did not have effective procedures for regularly assessing the quality of services provided. Regulation 10(1) (a) which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: People who used the service had no assessments of their mental capacity. Regulation 18 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.