Quantum Care Limited

Elmhurst

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 26 April 2016 and was unannounced.

Elmhurst provides accommodation for up to 61 people with residential and dementia needs. It does not provide nursing care. At the time of this inspection there were 55 people accommodated at Elmhurst.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
However, the registered manager was on sick leave at the time of this inspection and a registered manager from another Quantum Care service was providing interim support at Elmhurst.

When we last inspected the service on 19 December 2013 we found the service was meeting the required standards we inspected at that time.

People and their relatives told us that they felt people were safe living at Elmhurst. Staff and the management team were knowledgeable about safeguarding matters. Risks to people`s mobility and general safety had been identified and risk assessments had been developed detailing the measures to be employed to mitigate these risks. Our observations during the inspection confirmed that staffing levels in the home were appropriate to meet people's needs. Staff members did not start to work at the home until satisfactory employment checks had been completed. There were suitable arrangements for the safe storage and disposal of people's medicines.

People were supported to make meaningful meal choices and people were assisted to eat in a calm and unhurried manner. People received care and support from a staff team who were supervised and had the knowledge and skills necessary to provide safe and effective care. Staff asked people for their consent before they delivered all aspects of care. People's health needs were well catered for.

People were complimentary about the care and kindness demonstrated by the staff team. Staff were knowledgeable about individual's needs and preferences and people were involved in the planning of their care where they were able. Visitors were encouraged at any time of the day and people's privacy was promoted. We observed sensitive and kind interactions between staff members and the people who used the service.

The arrangements for activities and stimulation in the home were reduced at the time of this inspection due to a member of the activity staff team being temporarily seconded into another role. The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. However, some relatives were not satisfied that concerns that had been previously raised with the management team had been listened to.

People who used the service, their relatives and staff members did not always find the registered manager to be approachable and supportive. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People's well-being and dignity was promoted.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The arrangements for activities and stimulation in the home were reduced at the time of this inspection due to a member of the activity staff team being temporarily seconded into another role.

Some relatives were dissatisfied because concerns that had been previously raised with the unit management had not been listened to and acted upon. However, the interim manager had addressed the person's concerns and was working with the staff team to help ensure that the provider's policy and procedure for managing complaints was adhered to throughout the home so that people could be confident that their concerns would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well led.

People who used the service, their relatives and staff members did not always find the registered manager to be approachable and supportive. However, people and their relatives told us that the interim manager gave them confidence that the home was being managed in the best interests of the people who used the service.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service on the day of the inspection was open and inclusive.

Elmhurst

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 met 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 under the Care Act 2014.

This inspection took place on 26 April 2016 and was unannounced. The inspection was carried out by 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 service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service. We spoke with nine people who used the service, eight relatives, three care staff members, two care team managers, the deputy manager, the chef manager, the interim manager and a representative of the provider. Subsequent to the inspection we spoke with four relatives by telephone to obtain further feedback on how people were supported to live their lives.

We received feedback from a healthcare professional involved with the support of people who used the service and requested feedback from a representative of the local authority social working team. We also 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 care records relating to five people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Elmhurst because the staff took good care of them. One person said, "There are locks on the doors if you need them."

Relatives of people who used the service told us that Elmhurst was a safe environment for people. One relative said, "We visit every day and [relative] is looked after well, it is absolutely fabulous here." Another relative told us, "I do feel that [relative] is safe at Elmhurst. [Relative] was very unsettled initially but is very happy now. I don't have any concerns at all in regards to their safety at Elmhurst." A further relative told us, "Every time we come, the carers are always there. When I leave here, I don't have any worries because [Person] is taken great care of."

All the staff we spoke with were confidently able to describe what constituted abuse and said that they would escalate any concerns they had. Staff members told us that they had received training to support them to understand the different types of abuse that could occur. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred. However, not all staff we spoke with were aware of where to report safeguarding concerns outside the organisation despite prompting and the contact information displayed on communal notice boards in each unit of the home. The interim manager confirmed that the topic would be addressed once again in team meetings to underpin learning.

Risks to people`s mobility and general safety were identified and risk assessments had been developed detailing the measures to be employed to mitigate these risks. For example we saw that a person had been assessed as being at a high risk of falls when mobilising independently. Staff carried out preventative measures to manage the risks to the person including checking that the person had their walking aid at hand and was wearing appropriate footwear. People who had been assessed as requiring bedrails on their bed to prevent them falling had protective covers over the rails to reduce the risk of entrapment.

Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and care staff went about their duties in a calm and organised way. Staff told us that the staffing levels at the home were consistent and that they seldom had any issues regarding staffing. They told us that agency staff were sometimes used to ensure there were sufficient staff on duty in each unit on every shift. Senior management advised us that there was a list of agencies that had been approved by the provider and that regular agency staff members were provided which meant consistency of care for the people who used the service. The management team told us that there were problems recruiting in the locality and that they were exploring innovative ways to attract applicants.

We reviewed recruitment records for two staff members and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed. Staff we spoke with confirmed that they had to wait until the manager had received a copy of their criminal record check before they were able to start work at the home. This helped to ensure

that staff members employed to support people were fit to do so.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. A relative told us, "I know [relative] has their medication regularly, that alone gives me peace of mind."

We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with records maintained. We were told of two people who only had a medicine prescribed once per day and that this had been traditionally administered in the morning. The GP had been consulted and their medicines had been changed to a midday administration. This meant that the people were not disturbed in the mornings to take their medicines and were able to sleep until they woke naturally. Staff told us that this had resulted in fewer refusals of medicines. The management team advised that the management of medicines in the home was under review at this time and that this initiative would be considered for roll-out across the home.

Each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. We observed staff members encouraging people with their medicines, going at their pace and without rushing them. This helped to ensure that people received their medicines safely.

Staff members told us that each person who required assistance of a mechanical hoist to transfer had their own individual sling in line with good infection control practice. However, when we looked at people's slings we found that there were a variety of names marked in indelible ink so it was not clear if people had their own slings or not. We also noted that a hoist sling was hanging behind a bathroom door on one unit; it was not named but had clearly been used. We discussed this with the management team who undertook to look into this matter.

Good

Is the service effective?

Our findings

People and their relatives made positive comments about the skills, experience and abilities of the staff who provided support. A person who used the service told us, "They really do look after us. We only have to say that we need help and someone will ask us how and when." A relative told us, "The staff are really good, the training they get must be fantastic."

Staff received training to support them to be able to care for people safely. Staff told us of training elements they had undertaken. These included the basic core training such as moving and handling, fire awareness, medicine administration and safeguarding as well as dementia care training. Staff members confirmed that they had received the training they needed to support them in their roles. Staff confirmed that they had a minimum of six one-to-one supervision sessions per year and more if they wished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The interim manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had a clear awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. At the time of the inspection 39 applications had been made to the local authority in relation to people who lived at Elmhurst and 38 were pending authorisation at the time of this inspection.

People told us that they had control over their lives and were able to make some choices about what they did. When asked if they had choice, one person said, "Yes, plenty of choice." Another person told us, "I'm in charge." A visitor said that their relative got up and went to bed when they chose. Another visitor said their relative, "Pretty much pleases themselves. When I turned up, they were not up." However, one person said, "We mostly get a choice…but we don't get a choice on what time we go to bed." The person went on to say that they liked to go to bed at 10pm, but felt unable to sit in the lounge area until this time, so they went to their room. They told us, "They [Staff] want to be busy, so they don't want you to be sitting up. It would be nice to be able to sit in the lounge until ten o'clock." We discussed this with the interim manager who undertook to ensure that this person's concerns were explored further and their needs met.

People told us that they enjoyed the food provided for them and we noted that they received appropriate

support to eat. Relatives told us that people's nutrition and hydration needs were well catered for, one person said, "[Relative] simply loves the food and really eats well. There are always drinks available whatever time we come here. The healthy snacks that are offered mid-morning are really good." Another relative said, "[Relative] eats very well, [relative] loves the food at Elmhurst. What is also nice is that if we are visiting at a meal time they always ask us if we would like to have some with [relative]. That is so nice as we do miss simple things like having a meal together."

Staff offered people choices by showing them the two meal options, this allowed people to make a meaningful choice based on the look and smell of the food. Staff did not make assumptions that people wanted assistance to eat but asked, "Do you need some help with that?" Tables were nicely laid with cloths and condiments were on the tables to support people to be independent. People were supported to eat their meal wherever they wished. For example, some people chose to eat alone in their rooms, others preferred to sit in an armchair in the communal lounge to eat their meal and others went to the dining area to eat.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. People's weights were regularly monitored to identify any weight loss. For example, this had identified that a person had lost a significant amount of weight in the space of a month. As a result the person had an appointment with the GP, their medication had been reduced and a follow up appointment had been made to assess the effectiveness of the action taken.

People's health needs were met. People who used the service told us that they had the opportunity to see a doctor once a week when they visited the home. A person's relative told us, "As things have deteriorated, they've given [Person] what is necessary. Now They've got them a hospital type bed." Another visitor said, "They get the doctor in. We had an optician come to do [relative's] eyes." A visiting health professional told us that the staff team were responsive to instruction and were proactive in contacting them for assistance when people became unwell. We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist.

Good

Is the service caring?

Our findings

People were very complimentary about the care they received and said that staff members were kind and caring. A person who used the service told us, "They are very good here; they make life as easy as possible." A person described to us the 'personal touches' that staff provided. They said, "If you ask for something that's not on the table, they will always go and find it for you. If you want something from the shop, they will go and shop for you in their own time and give it to you the next day." A relative told us, "The care staff are absolutely wonderful."

We noted that people were relaxed and comfortable to approach and talk with staff, there was a culture of mutual respect. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink and if they were comfortable. We heard a staff member sat with a person whilst they ate their breakfast chatting companionably with them about the career the person had enjoyed and another staff member discussing the frosty morning with a person whilst they located a cardigan for the person to wear. Another staff member said to a person, "You smell absolutely lovely, I really like that perfume you wear." This had the effect of bringing a smile to the person's face.

One person became anxious and wanted staff to tell them where they could catch a bus to take them back to their home. A staff member took the time to talk with the person calmly and suggested that they went to have a look at the room that had been prepared for them by their family members. Eventually the person agreed to this and we noted that the distraction provided had reduced the person's anxiety and they became more settled.

Staff were knowledgeable about people`s individual needs and preferences in relation to their care and we saw that people had been involved in discussions about their care. Staff gave people enough time to respond and then acted upon the choices that people had made. Throughout the course of the inspection we heard staff provide people with choices about what they wanted to eat and drink and where they wished to sit in the communal areas.

Where people lacked the capacity to contribute to their plan of care we saw that family members had been involved. We noted that a document called, "all about me" had been incorporated in the development of care plans and contained details of individuals' needs, preferences, likes, dislikes and interests. We noted that there was a lack of advice and guidance available for people about advocacy services. We discussed this with the manager who acknowledged this and undertook to ensure this information was made available for people.

Relatives and friends of people who used the service were encouraged to visit at any time and on any day.

People were treated with respect and dignity. A person who used the service told us, "I think staff are respectful. In fact, some are extra special." A relative told us, "They always tell [Person] what they're going to do. They always come in and call them by name." Another visitor said, "When they're going to do anything personal, they always close the door." A further relative told us, "When I went into [Person's] room last week,

a carer was changing them and the way [the staff member] was talking to [Person] was reassuring."

People's care records were stored in a lockable office in each of the four units in the home in order to maintain the confidentiality of people who used the service. However, at one point during the day we noted that the key had been left in the lock on one unit which meant that the documents stored within were accessible to people who were not authorised. Staff confirmed that they were aware of the need to ensure that people's personal and private information was stored securely and that this had been an oversight. The interim manager told us that this was an area they reviewed when they walked around the units and assured us that this was not common practice in the home.

We saw staff knock on doors and allow people time to respond before they entered. When people required support to use the toilet or with personal care needs, they were supported discreetly to ensure they received support in private and with their dignity intact. We noted that a member of staff noticed that somebody's skirt had ridden up. The staff member asked if they could pull the hem down and rearranged the clothing for the person.

Requires Improvement

Is the service responsive?

Our findings

When we met with some people we noted that they had been supported with their personal care in accordance with their care plan, however, this was not the case for all people who used the service. We saw that some people accommodated on the ground floor units in the home had not received support with their personal care. We reviewed the care plans for three people accommodated on these units which stated that they needed support from staff with such areas as personal grooming. However, when we met with the people in the morning and again later on in the day it was clear that they had not received this support.

People's relatives gave us mixed views about how their concerns had been previously managed in the home. One relative told us, "If I had a concern I would be confident to raise it with the management team. I have done so in the past and it was responded to appropriately just as I wanted and expected." However, some people told us they would not always be confident to raise anything that concerned them with the staff team. For example, one relative said that they had previously raised concerns with unit managers but they felt they had not been listened to. They told us that this had resulted in a negative outcome and some discomfort for their relative. However, they also told us that when they had recently escalated their concerns to the interim manager and deputy manager they had been listened to and their concerns had been taken seriously with immediate actions taken. They said that their concerns had been handled in an open, honest and candid manner.

We discussed this matter with the interim manager; they assured us that steps had now been taken to address the concerns raised and that they were working with the staff team to ensure that all concerns raised were managed in accordance with the provider's policy and procedures for dealing with complaints. People who used the service said that they knew how to raise concerns should anything worry them. One person said, "I would talk to either the unit manager…I could go to the home manager."

On the day of this inspection the service did not have a dedicated activity resource. One staff member said that this did not have as much of an impact as it would on another day because the hairdresser was in the home and this always provided a great deal of interest for people. They told us that there was currently dedicated activity provision in the home for four days per week and the care staff team supported people to do some activities during the afternoons on the other days. The management team confirmed that there was a shortage of staff resource in this area and that they were actively attempting to recruit to the post.

The care plan for one person stated that not being involved and sitting feeling bored was something that would make them feel upset. The person was not able to tell us what activity or opportunity for stimulation had been provided for them in recent times but said they had a big family and really enjoyed having visitors. Daily records indicated that the person had not been involved in any activities in recent times and had watched television each day. A staff member said that the records did not accurately reflect the activity undertaken and they were able to give examples where the person had joined in group activities. This included a, "Fantastic Grand National afternoon where people from all units in the home congregated in a communal lounge area for champagne, strawberries and cream cakes and to watch the race." We spoke with the management team about the importance of ensuring that records accurately reflected people's

daily life and opportunities offered.

Other examples of activity and stimulation provided for people who used the service included a knitting club, armchair exercises, making pizza toppings and cooking. We were told of a 'Birds of Prey' experience that was booked to attend the home this week and that the, 'Gentleman's club' was to be re-instated now that the number of men living in the home had increased. Unit based activities were always available for care staff on the units to lead; these included skittles, reading and puzzles for example.

Relatives of people who used the service described it as a partnership between the home and the relatives to make sure that people were cared for. One relative said, "They always keep us in touch with anything that affects [relative]. It is such a comfort." Another relative told us, "I am impressed with the care that [relative] receives at Elmhurst. They are really good at keeping us informed about any changes to their health needs or medication. Personally I am very confident with the care provided for people at Elmhurst."

Care was centred on the needs of individuals. Staff responded to people's non-verbal signs as well as to their requests for assistance and it was clear that staff knew people well. People's care plans showed that their views were sought in creating care plans to reflect their individual preferences and needs. Where people did not have the capacity to be involved in developing their own care plans we noted that their relatives had been involved. Care plans were kept under regular review to help ensure they continued to provide staff with up to date instructions to meet people's needs.

Care plans provided detailed information about people's care needs and how staff could help them to maintain their abilities for as long as possible. Some of the life histories within care plans were detailed so that staff had an understanding of people's background and interests, even if people now had limited communication. This enabled them to respond and treat people as individuals.

Themed areas had been developed in areas throughout the home in line with Quantum Care's Rhythm of Life initiative. For example, there was a sewing area with a tailor's dummy and a laundry area with a washing line and pegs. The management team told us that these themed areas provided people with opportunities for engagement and reminiscence.

Requires Improvement

Is the service well-led?

Our findings

As part of the provider's quality assurance processes satisfaction surveys were distributed regularly to people who used the service and their relatives. We reviewed results from the most recently completed survey from 2015 and noted that there had been some negative feedback about the food provision. Improvements had been made and the chef manager had liaised with people who used the service and their relatives to ensure that people were satisfied.

However, not all the improvements made in response to feedback from people and their relatives had been sustained. For example, a relative had fedback that they were not aware of staff members as there had been some changes in the team. To address this the registered manager had introduced photographs of the staff team on each unit. At this inspection we noted that many of the photos had disappeared and a number of the staff team were not wearing name badges. We noted that minutes from a recent meeting reminded staff members that they should all be wearing name badges. This showed that the registered manager had responded to people's feedback however, had not continued to monitor to ensure that the improvements had been sustained. There had been some negative feedback in relation to the activity provision, the action plan stated that huge improvements had been made and that this was reflected in people's care plans. This was not our finding at this inspection.

People's relatives told us that they had occasionally seen the registered manager in passing however; they did not feel that they could approach them because they felt that the registered manager would not know who they were despite being frequent visitors to the home. Staff told us that they found the unit management were supportive however, some staff felt that the registered manager was not always approachable or supportive.

There was a clear management structure at Elmhurst with a registered manager, deputy manager and care team leaders. The registered manager was on sick leave at the time of this inspection. The home was being supported in the interim by an experienced registered manager of another care home owned by the same provider.

Staff told us that the interim manager was extremely supportive, one staff member told us, "[Interim manager] has been here just two weeks and has already made considerable changes. We are so lucky to have them." Staff told us that the atmosphere in the home had lightened in recent weeks and that this had benefitted people who used the service because the staff team were happy and felt supported.

The interim manager had posted information on the notice boards in each unit of the home to introduce themselves to people and their relatives and to invite people to come and see them in the manager's office if they had any concerns. During the course of the inspection we noted that the manager's office door stood ajar so that people could easily access them if they wished and we saw the manager walking around the home at lunchtime speaking with staff and people who used the service.

There were systems in place to audit various aspects of the care delivery in the home. These included areas

such as medicines, care planning and delivery, health and safety, the environment, accidents and incidents, complaints, infection control and mealtimes. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month with details of actions taken and progress made.

We noted that two units in the home did not smell fresh. The housekeeping manager advised us that the aroma persisted despite frequent deep cleaning of the carpets. We were advised that the provider's facilities team had been informed and that remedial action was planned for the week following this inspection. This showed that the provider had the necessary resources to help ensure the home was maintained appropriately.

The chef manager undertook audits in each dining room once a week. These were to check areas including tables being laid properly, how choices were being communicated to people, if staff were wearing aprons to serve people's food and what people thought of the food. We noted that the chef visited the dining room during the lunch service and assured themselves that people enjoyed the food provided.

We saw a report of a quality monitoring visit undertaken in July 2015 by representatives from the local authority Adult Care Services. We noted that the service had achieved an overall score of 80.5%. One area for improvement identified was that a log of complaints should reflect all actions undertaken and resulting from the complaint. When we reviewed complaints records we saw a clear pathway of response to the complainant and the outcome of the complaint. This showed that actions had been taken in response to the local authority external monitoring process.

People told us that meetings were held in the home to support them to raise any issues or concerns and to discuss any suggestions they had. The minutes from a recent meeting showed that people acknowledged that food choices had improved. People had raised a concern that the fire bell was very loud and scared them when it was routinely tested. It was agreed that staff would tell people immediately prior to a fire alarm test in order to prevent them from being scared.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.