Care Quality Commission

Mr H and Mrs I Stanbury
Elmslea 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?	Good

Overall summary

The inspection took place on 9 July and 12 August 2015 and was unannounced. The reason for the gap was due to people being away on holiday.

Elmslea provides care and accommodation for up to 11 people, some of whom have mental health issues or a learning disability. On the day of the inspection 9 people were living at the service.

The service had a registered manager in post. 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.

People living in Elmslea required little assistance with personal care needs and were encouraged to be independent. People and staff were relaxed in each other's company. There was a friendly and welcoming atmosphere. We observed staff and people using the service chatting and enjoying each other's company.

Summary of findings

Comments included; “I don’t think there’s anything I’d change – I just like it how it is.” People told us they were happy living there with one person saying; “I like living here very much.”

People had their privacy and dignity maintained. We observed staff supporting people when needed and being kind and compassionate.

People and their relatives were very happy with the care they received from staff and said they were knowledgeable and competent to meet their needs. People were encouraged and supported to make decisions and choices in their day to day lives.

People were protected by safe recruitment procedures. There were sufficient staff to meet people’s needs and staff received an induction programme. Staff had completed appropriate training and had the right skills to meet people’s needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as diabetic nurse and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People’s medicines were managed safely. Medicines were managed, stored, given to people as prescribed and disposed of safely. People who self-medicated received assistance from staff and risk assessments were in place. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Safeguarding of vulnerable adults training had been completed and staff knew how to report any concerns and what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy, balanced diet. People were involved in planning, shopping and cooking meals. One person said; “The food is very good and you get a choice.”

People’s care records contained detailed information about how people wished to be supported. Records were regularly updated and people were involved in the planning of their care and support.

Staff confirmed the registered manager was supportive and approachable. Staff were happy in their role and spoke positively about their jobs.

There were quality assurance systems in place. Feedback to assess the quality of the service provided was sought from people and their relatives. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

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?

Good

The service was safe.

People were supported by sufficient numbers of suitable, skilled and experienced staff.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received support and care to meet their needs.

The manager and staff had completed training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and were supported to have their choices and preferences met.

People were supported to maintain a healthy and balanced diet.

People could access appropriate health, social and medical support as needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented.

Is the service responsive?

Good

The service was well led.

There was a registered manager in place who was approachable.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who was approachable.

Staff said they were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Elmslea Care 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 checked 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 was undertaken by two inspectors for adult social care on 9 July and 12 August and was unannounced.

Prior to the inspection we reviewed the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with all 9 people who used the service, the registered manager, the administrator and two members of staff.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at four records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

Prior to the inspection concerns had been raised with us regarding the safe care of people living in the service. This was being managed by Cornwall safeguarding team. We did not find any evidence to uphold these concerns.

People who lived at Elmslea were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm.

People told us they felt safe. We met or spoke with all 9 people who used the service. One person said; "I feel very safe living here."

Elmslea provided a safe and secure environment for people. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. Care records held up to date personal evacuation plans. Smoke alarms were tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Staff told us they were up to date with their safeguarding training. Safeguarding and whistleblowing policies and procedures were displayed for staff to access. The policies were comprehensive and up to date. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on any concerns. They told us they would take things further if they felt their concerns were not being taken seriously and were aware of outside agencies where they could discuss any concerns, for example the local authority. Staff spoke confidently about how they would recognise signs of possible abuse. We saw discussion with the local safeguarding team had been well documented and this showed that appropriate concerns were reported to the relevant authority.

People identified as being at risk had up to date risk assessments in place. Care records contained appropriate risk assessments which were regularly reviewed. Other records held guidance for staff on how to reduce any risk or information to highlight when people might be at increased risk. For example, people who used the kitchen to cook had their risks clearly documented with instructions for staff on how to manage this hazard. Discussions with registered manager showed they were knowledgeable about the care needs of people including any risks and when people required extra support.

Risks and identified safety measures were incorporated into care plans and were written in a respectful way, for example one recorded; "[…..] Does not always understand the consequences of their actions and has difficulty making realistic judgements about other people. […] is accompanied on trips out and reminded to take their mobile phone with them." People's money was well documented, with receipts held and any expenditure clearly documented.

People and staff confirmed there were enough staff to meet people's needs. Rotas showed people had sufficient support to meet their needs. Staff were observed supporting people appropriately at all times, for example when preparing lunch and when someone was baking. The registered manager told us the numbers of staff were reviewed to ensure the correct number of staff were available at all times to meet people's care needs. For example when people went off on holiday additional staff were provided. Staff confirmed there were sufficient staff on duty and, if they needed additional staff, the registered manager would act accordingly.

People were protected by safe staff recruitment practices. The staff employed had completed a thorough recruitment process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. Required checks had been conducted prior to staff starting work at the home to confirm the staff member's suitability to work with vulnerable people.

Any unexpected incidents and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences. The appropriate people were informed, for example a person social worker. This showed us that learning from such incidents took place and appropriate changes were made.

People's medicines were managed well and given to people as prescribed, to help ensure they received them safely. The registered manager and staff were appropriately

Good

Is the service safe?

trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Good

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. Staff had the knowledge and skills to carry out their roles and responsibilities effectively, knew the people they supported well, and ensured their needs were met.

Staff completed an induction when they started work which was supervised by the registered manager. This ensured staff had completed all the appropriate training and had the right skills and knowledge to effectively meet people's needs. The registered manager confirmed staff shadowed experienced staff members to gain experience.

Staff received ongoing training, support, supervision and appraisals. Staff attended training to meet the needs of people currently living in the service, for example, mental health training. They also completed training in health and safety issues, such as fire safety.

Staff told us they had received one to one supervision and had opportunities to discuss issues of concern during staff meetings. Team meetings were held to provide staff with the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff felt listened to and, if they needed to talk outside meetings, the registered manager made themselves available.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals.

The registered manager had an understanding of, and had received training about, the MCA and DoLS. The registered manager informed us no one was currently subjected to a DoLS authorisation. However they understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

The registered manager and staff recognised the need to support and encouraged people to make decisions and everyday choices whenever possible. For example, if they wished to partake in any activities. People's care plans showed people were involved in their care and were consenting to the care plan which was in place. People had access to Independent Mental Capacity Advocates (IMCA) to help them make decisions about their care and welfare should the need arise.

People's individual nutritional and hydration needs were met. Care records were used to provide guidance and information to staff about how to meet individual needs. For example, one person had input from the dietician to assist them with their weight management. This person told us how the service had supported.

People could choose what they would like to eat and drink. People were observed freely entering the kitchen for drinks and snacks. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People's weight was monitored when required. We observed mealtimes were unrushed and a social occasion and people enjoyed this time as they engaged in conversation.

People had access to healthcare services and local GP surgeries' provided visits and health checks. People whose health had changed were referred to relevant health services for additional support, for example the community psychiatric nurse (CPN).

Regular upgrades to the service were carried out. The registered manager said they tried to repaint and upgrade bedrooms before a new admission.

Good

Is the service caring?

Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke highly of the staff and the care they received. Comments included; "I talk to staff about things when I feel tense, they are understanding and confidential." Healthcare professional surveys returned said; "Caring, empathetic atmosphere at Elmslea and appropriate humour which is its strong point" and "This is an excellent, caring & creative home." A relative's feedback included: "very welcoming" and "quality of care is second to none."

People were involved with the care and treatment they received. We observed staff treated people with patience and understanding. The registered manager said people were quite independent and therefore only needed prompts to assist them. They went onto stay they encouraged people's independence and things were planned and discussed with individuals on a daily basis. Staff always asked people if they required any assistance before they helped with any care tasks.

People told us they were asked for their views and involved in decisions about their care and support. Staff knew people well and what was important to them such as how they liked to have their care needs met.

People were supported by staff who knew them and their needs well. People said they were well cared for and said the staff took time to assist them when needed. Staff were attentive and prompt to respond to people's emotional needs. For example people who were unsure due to our visit were reassured and supported. A relative recorded on a returned survey; "You create a lovely atmosphere and I enjoy being part of your family who are not related."

Staff showed concern for people's wellbeing. For example people's mental health was taken into account in their care plans and people's needs were reflected in activities planned. One care plan stated: "To work with [….] to improve her self-confidence and reduce her anxiety levels. Another went onto say; "[….] enjoys attending yoga which can help her breathing and stress levels." Other records showed staff involved community psychiatric nurse's (CPN's) when needed.

Care records showed that end of life care had been discussed and recorded with the person so their wishes on their deteriorating health were made known. Care plans held detailed information on the person's wishes on their death, for example were they wanted to be buried and in one case who with.

Staff interacted with people in a caring and supportive way in particular with people who could become anxious due to their mental health issues. We observed staff support people and spend time with them explaining why they could not do a particular task. We observed this person talking with staff and relaxing and settling down.

Staff sat and chatted with people throughout our visit, and one person said; "staff are helpful." We saw examples throughout our visit when staff responded to people's needs in a discreet manner. Staff went over to one person and supported them by sitting with them and talking about why we were visiting. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People told us their privacy and dignity were respected. One person said; "Staff knock before they come into my room." Staff were fully aware how to maintain people's privacy and dignity in particular when assisting people with personal care. They told us they felt it was important people were supported to retain their dignity and independence.

Good

Is the service responsive?

Our findings

People had a pre-admission assessment completed before they were admitted to the home. This assessment of their health, social and mental health needs helped to ensure the staff could support the person. The registered manager said this assessment enabled them to assess if they were able to meet and respond to people's needs before admission.

One person who had transferred from another service had full details on previous care and treatment received at that service. Documentation showed this information was transferred to their new service. This information enabled this new service to respond to this person's need.

People's care plans held information about the person's needs and how they chose and preferred to be supported. When a person's needs changed care plans were reviewed and altered to reflect this change, for example, if a person's mental health status changed the service responded by contacting the CPN for advice and support. This was then documented in the care plans. People had guidelines in place to help ensure their specific mental health and care needs were met in a way they wanted and needed. Records had been regularly reviewed with people.

People's records held a life history. Staff had access to people's life history therefore they could understand a person's past and how it could impact on who they were today. This helped to ensure the care people received was consistent and delivered in a way which met people's individual needs.

People's care plans recorded people's mental health needs, any physical or mobility issues and people's personal care needs and choices. For example one record showed a person liked to rise later and have breakfast at a certain time. Staff confirmed this was adhered to. Additional information included how to meet people's emotional needs. Care plans recorded people's wishes. All records had been updated and reviewed to ensure staff had the correct information to provide current care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care or treatment was planned.

People were offered a choice on different areas in their life. For example staff said; "people do have choice and control to a certain extent but we encourage a pattern too." They went onto say; "If someone wanted to change the day they did their cleaning, it would be ok but we would explain why they needed to do it and encourage them to do it first before they did the other thing." One person told us: "I clean the hallway at the weekend but if I didn't want to, it wouldn't be a problem."

People were encouraged and supported to maintain links with the local community. For example, people assisted at the local food bank, local college and a local garden project. People attended a wide range of activities ensuring people continued to remain part of their own community regardless of whether they lived in a care home. There were also connections with church and community groups.

People spoke of the activities and work placements they attended. People also went on holiday to a seaside resort and people spoke enthusiastically about the holiday, the activities they attended while away and the support from the staff during their holiday. There were opportunities for people to do craft and painting in a room set aside for crafts. People were encouraged to do the activities they enjoyed. They told us that it also helped people develop concentration skills. One person said; "I do baking, go to the coffee morning, Wednesday fellowship, the community market – where I serve the tea and coffee, and we do sewing and art."

People had regular contact with family and friends. One person told us that they had recently been on holiday with other people that lived in the service and that they had been able to meet up with their family whilst away. Another person said; "I have regular contact with my friends and family." A relative commented on a survey returned; "Thank you very much for including me in your very excellent Christmas lunch party."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. A complaint file showed the service had not received any complaints. However the registered manager knew how to respond to any complaints received and this included recording any actions and outcome.

People said they would talk to the registered manager if they had any issues. People were confident about speaking with the registered manager who was in the home most days. People felt the staff would take action to address any issues or concerns raised.

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager and joint registered provider. Comments included; "I really like the way Elmslea is run and organised." A relative said on a survey form; ""Can Elmslea be this good? - Yes, it can and it is as simple as that."

People were involved in the day to day running of their home. Residents' meetings were held and a recent highlighted issue had been a holiday which took place between our visits. Another issue discussed had been about a new member of staff and their role to involve people in the running of the service.

The manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. Surveys asked their opinions and they were encouraged to make suggestions that could drive improvements.

People said the registered manager was "always around." We observed the registered manager and the provider being kind and compassionate to people. They made themselves available to people and staff. Staff spoke highly of the support they received from the registered manager and the provider. Staff said; "they (the registered manager and provider) always listen to me, they're my first port of call if I want to discuss anything, we sit and discuss it."

One staff member said; "I'm here because I love my job." Relatives and health and social care professionals commented on the surveys returned; "I really like the way Elmslea is run and organised."

Elmslea was well led and managed effectively. The provider's visions and brochure recorded their aim was to "Focus on individual needs, we respect individuals rights to privacy and encourage residents to respect each other's rights and independence. Encourage individuals to develop a sense of identity, self-worth, purpose and empowerment." The registered manager, who was also joint provider, was in the home most days to ensure this aim was met. Both the registered manager and provider took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation.

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the provider and they told us the management were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager and the other joint provider. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

Staff meetings were held regularly and this enabled open and transparent discussions about the service. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to support staff.

The manager worked in partnership with other organisations to support care provision. Documentation showed a range of health care professional's involvement with the home including CPN's and psychiatrics.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.