Living Developments Limited

Elm Tree House

Inspection report

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Ratings

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

Overall summary

Elm Tree House provides accommodation for up to 20 people who need support with their personal care. The home mainly provides support for older people and people who are living with dementia. The home is a large, converted period property. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor.

This was an unannounced inspection, carried out over two days. During the inspection we spoke with 11 people who lived in the home, four visitors, six staff, the deputy manager and the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We observed care and support in communal areas, spoke to people in private, and looked at care and management records.

People told us that they felt safe in this home and they did not have to wait long for staff to assist them.

We saw that medication was not always managed safely, given in a manner that meet people's individual needs or stored correctly.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the safe management of medication. You can see what action we told the provider to take at the back of the full version of this report.

Some of the systems used to assess the quality of the service had not identified the issues that we found during the inspection. The majority of these were discussed with the registered manager and deputy manager who put into place new systems during the inspection.

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided.

People told us that they were treated with kindness, compassion and respect. We saw many positive interactions and people enjoyed talking to the staff in the home.

People told us that were able to see their friends and families as they wanted. We saw that there were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home.

The staff told us they were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

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?
The service was not safe.

People in the service were placed at risk because medication was not managed safely and improvements were needed in order to meet people's needs.

Recruitment records showed that references for staff were not always checked before staff started working in the service.

There were enough staff in place to ensure people received appropriate support to meet their nursing and personal care needs.

Staff in the home knew how to recognise and report abuse.

Requires Improvement

Is the service effective?
The service was effective.

Staff were provided with training to meet the needs of people living in the service.

Arrangements were in place to request heath, social and medical support to help people stay well. People were given support to eat and drink where this was needed in a manner that met their individual needs.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards. (DoLS)

Good

Is the service caring?
The service was caring.

It was clear in observations that staff and people had a good rapport. Staff were observed to support people in a manner that was respectful maintained their dignity and meet their needs.

We saw that people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

People told us they were happy with the care and support they received and their needs had been met.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

We saw records that showed that complaints and concerns were actioned. People told us that they felt confident to raise any concerns and that their opinions would be listened too.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate.

Family members and friends played an important role and people spent time with them. Visitors were encouraged and supported to visit the service as and when they wished.

Is the service well-led?

Good 

This service was well led.

The registered manager and the deputy manager were well respected by staff, relatives and importantly people living in the service.

There were some systems in place to monitor the quality of the service. We identified some gaps in these systems and these were addressed by the registered manager during the inspection. Arrangements were in place to update policies and procedures used to assist staff to provide care and support.

People were supported to express their opinions about the service provided to influence service delivery.

The provider had notified us of any incidents that occurred as required.

Elm Tree House

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.'

This inspection took place over two days on 19 and 20 January 2014 and was unannounced The inspection was undertaken by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, reviewed all the information we already held on the service and contacted the local authority and who funded the care for some of the people living there. We also contacted the Local Healthwatch. Healthwatch is the new independent consumer champion created to gather and represent the views of the public,

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported during their lunch and throughout the day. We reviewed four care records, four staff files, staff training records for all staff and records relating to the management of the service such as audits and policies and procedures. During the inspection we spoke with 11 people who lived in the home, four visitors, six staff, the deputy manager and the registered manager.

Requires Improvement

Is the service safe?

Our findings

People who could communicate verbally with us told us that they felt safe living in the service. One person said, "I'm well cared for I never have a problem and I feel safe" and another person said, "I've not got any complaints or concerns, I'm sure they would be really upset if they thought I wasn't happy here".

Visitors said that they had never had any concerns about the safety or welfare of their relatives. They told us that they would be confident speaking to a member of staff or to the registered manager if they had any concerns. They all told us that they believed that any concerns would be dealt with immediately.

Records regarding medication were not always clear. An example included one person's medication administration records (MAR) contained two entries for the same drug with different instructions when to give it. As a result it was not clear when this medication should be given. Another person had started on the medication they needed to be increased slowly. Instructions were written on the medication label and on the prescription, these had not been accurately followed. There was no information made available to us at the inspection that informed staff as to when to give as needed medication (PRN). We looked at the policy and procedure for giving PRN medication and saw that there was no policy or procedure for this.

We looked at how the staff managed external preparations such as creams. The registered manager and the deputy manager had created a form that staff should sign when the cream was used. The records viewed were not completed; as such it was not possible for the provider to determine that staff had applied the cream as prescribed.

We saw that medication that needed to be given at certain times such as before food, with food, after food or every four hours when not recorded as being given at the correct times. One person needed medication to be given half an hour to an hour before food but they had not received this correctly. There were no arrangements in place to ensure that staff were aware who required medication before food.

When we looked closer at a medication to be given before food we saw that staff had not been giving this in accordance with the prescriber's instructions and at least two of the four prescribed doses had not been given to the person that month. Additionally the medication was in a liquid form and the person required their liquids thickened to a certain consistency. We spoke with the deputy manager and the registered manager who confirmed that they had not checked that the medication could be thickened. On the second day of our inspection they confirmed that they had consulted with the local pharmacist who advised that the medication could not be thickened. As a result they had contacted the person's doctor in order to have the person's medication reviewed. This person had been placed at risk as their record showed they did not receive their medication consistently and when it was given it was not given in a manner that was safe for them to take.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people's medication was not managed safely and placed them at risk of harm.

We looked at how the provider managed risks to people living in the service. We saw that risk assessments were available in care plans and these were updated to reflect changes in people's risks. Staff were able to explain how they made sure that their practices maintained peoples independence and took account of any potential risks.

The staff we spoke with told us that they had completed training to support people safely, recognise and reporting abuse, and knew the actions to take if they were concerned that a person was at risk of harm. During discussion staff were able to detail what action they needed to take and how they would deal with any incidents of abuse if they thought their views were not being listened to. They all expressed confidence that the management of the service would react to any allegations of abuse.

We looked at the most recent recruitment of staff. The two files of recent staff we saw that a DBS (Disclosure and Barring Scheme, police check) was available. However the staff files did not contain references although the staff members had started working in the service. The registered manager told us that she had difficulty in obtaining references from previous employers. We looked at the records with regard to recruitment and could find an initial contact from the registered manager but could find records that further contact to obtain references have been made. The registered manager rang the referees during our visit and made arrangements to obtained further references for the staff.

Requires Improvement

Is the service safe?

We discussed with the registered manager the service's policy and procedure which was to obtain two written references regarding the staff member before they were employed.

During most of our time in the home we saw that the staff provided the care people needed, when they required it. People who could tell us their views said that there were enough staff to provide the support they needed. One person told us, “There are lots of staff you never have to wait long if you need them”, and a visitor to the home said, “The staff here are really good, they welcome you, know [person’s name] needs are always happy to help. Couldn’t ask for any better staff if I tried”.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that people were well cared for in this home and staff were aware of how to support them with their individual needs. People told us that they received the support they required to meet their needs. People we spoke with told us that they "enjoyed" the meals provided. One person said "the food is very good" and another said "they are really good here nothing is too much trouble". We saw that staff were kind and provided the support people needed to eat their meals and at other times during the inspection.

We saw that there was a menu board but this did not provide details of any alternative choices. We were informed that should people not want the lunch they would be provided with sandwiches. We spoke with the cook about how the menus were developed. There was no set menu plan or information about people's preferences . As a result people living in the service had not been consulted about their likes and dislikes to form the meals available. We spoke with the registered manager who stated that they would review the menu arrangements and make sure that this was taken from people's expressed preferences. We saw that staff were kind and provided the support people needed to eat their meals.

During our inspection we saw that people were provided with enough to eat and drink. We looked at records that the staff kept to monitor people's diet and fluids. We saw that these recorded all diet and fluids given. They were also checked at the end of the shift by the deputy manager to make sure that people had received sufficient diet and fluids. Visitors we spoke with said that people were given enough to eat.

We looked at how the staff managed any risks to poor nutrition. The service used a screening tool called a Malnutrition Universal Screening Tool (MUST). We looked at two people's nutritional assessment that used the MUST neither had been correctly calculated. We spoke with the deputy manager and the registered manager who agreed that staff had not calculated this correctly and had missed a risk to people. The deputy manager contacted the individual's doctor after our inspection to make sure that their nutritional risks could be managed.

All the staff we spoke with told us that they had to complete training to make sure they had the skills and knowledge to provide the support individuals needed. Two staff told us, "We do lots of training, we've just done some more training in first aid". We looked at staff training records. A variety of training was offered, however not all staff had completed this. provider did not record any additional training staff undertook such as nutritional risk which had been recently completed. The deputy manager kept a training matrix which was a document that showed when staff had received training and when they were next due. Staff were attending the training as requested. In discussion with staff they highlighted a number of training opportunities that they had recently undertaken and felt confident they had received relevant training.

We discussed with staff the arrangements in the service for supervision with their line manager. They told us that they received supervision every two to three months and they found this of benefit. A log of supervision was available within the service and this showed that staff received supervision and a yearly appraisal in accordance with the services policy.

The registered manager and the deputy manager discussed their understanding of the Mental Capacity Act 2005 and its associated codes of practice. They had made appropriate referrals to social services using Deprivation of Liberty Safeguards (DoLS). Records were available as to have safeguards in place to their deprivation of liberty. We looked at care records and found that the principles of the Mental Capacity Act 2005 Code of Practice were not clear. There was limited information regarding which people had family members with legal powers of attorney in place. Care plans made no reference about how to support individuals to make decisions.

We did see in practice staff had an understanding of how to support people less able to express an opinion to make a decision. This included people's preference for a daily routine and what kind of clothes they wished to wear. We also saw staff appropriately support people with daily activities and discussed with them the choices they would like to make.

Good

Is the service caring?

Our findings

People we spoke with and their relatives made many positive comments about the care provided by the service. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, “This is the best care home around here. I looked at lots of different places but this one stood out because the staff were so lovely when we came to look around. As soon as I walked through the door I knew [person’s name] would be happy here and she is. I go home each day knowing she’s home too”.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when they provided support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. We saw staff laughing and joking with people and how people responded positively to this interaction. It was clear that people who lived in the service felt comfortable with staff and ‘jokey’ exchanges were observed frequently throughout the inspection.

We saw that the staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. As an example one person remained very independent and addressed the handyman directly when she wanted a part of her room to be maintained. The handyman immediately addressed this.

We were shown copies of minutes of “residents meetings” in which aspects related to the running of the home were discussed with the people who lived there. We discussed with the manager how these minutes were made available and she explained that they could be read to people. It was acknowledged the producing minutes in other formats may be of benefit to people who lived in the home in order for them to access this information independently.

We saw people being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.<Summary here>

Good

Is the service responsive?

Our findings

People said that staff responded to them as individuals as an example one person told us that staff, “always listen” and act on what they want. Another said, “I am not made to feel as though they are doing something for me or to me I feel as though they just help me when I need. They are that good I actually don’t need to ask sometimes it’s like they are reading my mind”. A relative told us, “As soon as you walk through the door it feels comfortable and welcoming. It’s not decorated like a hotel it’s decorated like someone house”.

All of the care records we looked at showed that people's needs were assessed before they had moved in. They were reviewed again on admission and appropriate care plans were drawn up. Care plans were reviewed at monthly intervals or when needs changed. We saw that some people’s needs had changed and this had not been reflected in the care plan. One person had been prescribed a thickener for drinks but this had not been updated in the care plans. However in discussion with the staff they were aware that the person needed their fluids thickened and had been doing so. Another person had some behavioural needs that were not in the care plan and monitoring of the person’s behaviour had not taken place. The registered manager told us that the care plans were in a format that they were looking to change as they did not think that they were easy for staff and people who lived in the service to use. They outlined a number of plans that they intended to introduce in the future to make their care plans more effective.

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us that if they had any concerns they went straight to the manager and it was dealt with immediately. The manager told us, service does make sure that it investigates any complaints and takes appropriate action. One person had made a complaint which was dealt with promptly by the registered manager. The service had a complaints procedure that is included in the information given to people and their relatives when they moved into the service.

As the service was not large and the majority of staff have worked there for a number of years. All the staff we spoke with were familiar with people’s needs. The staff told us they had access to the care records and were verbally informed when people’s needs changed. Staff did say that they rarely accessed the care plans and relied on verbally communication.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. Visitors told us they felt they were consulted about the service and relatives’ meetings were held.

Good

Is the service well-led?

Our findings

The home had a registered manager who had worked in the service for over 15 years. She was supported by a deputy manager. Both the registered manager and deputy manager said that they thought they worked well together and were “a bit of a double act”.

People and their relatives knew the management team well. They told us that they saw the management team often and felt comfortable speaking with them. All people and relatives felt confident that they could go to the registered manager, deputy manager or to any member of the staff and they would be listened to and their views acted on. Staff spoken with felt confident that they could approach either the registered manager or the deputy manager and that they would be listened to.

The provider sought feedback from the staff and people who used the service through questionnaires. Visitors we spoke with confirmed they had been consulted about the quality of service provision and could provide this information anonymously if they wished to. The manager said that, where any concerns were identified, they were discussed with people who used the service and their relatives and improvements made.

Staff meetings were held on regular basis and issues of concern noted and addressed. Staff told us they were informed of any changes which occurred within the home through staff meetings, which meant they received up to date information and were kept well informed.

The provider had an arrangement in place that ensured that an independent person regularly (every two months as a minimum) visited the service and undertook an audit (checks) on a variety of areas. The registered manager and the deputy manager also had a range of audits in place. On the first day of our inspection we determined the audits around medication had not identified some of the gaps we had identified. By our return on the second day the deputy manager had rewritten the audits and included the means to have an action plan so she could follow up progress.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

We reviewed a number of policies and procedures for the service these had been purchased several years ago and no longer matched best practice, the practice in the service or changes in legislation. As an example the medication policy did not include information as to how to manage covert medication for people who had fluctuating capacity or how to manage over the counter medicines such as mild painkillers.

We looked at how the provider checked the safety of the service and saw that all relevant examinations such as gas, electricity, lifts, hoist, fire equipment and electrical equipment were in place and updated in accordance with legislation.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Medication was not always managed safely, given in a manner that meet people's individual needs or stored correctly.

This section is primarily information for the provider

Enforcement actions

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