Elmglade Residential Care Home

Elmglade Residential 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 10 December 2015 and was unannounced. The last inspection of this service was on the 15 May 2014. At that inspection we found the service was meeting all the regulations we assessed.

Elmglade Residential Home provides personal care for older people many of whom are living with dementia. It can provide accommodation for up to 23 people over two floors. At the time of our inspection 23 people were living at the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found people did not always have enough social and recreational activities to engage in. We have made a recommendation about the opportunities available to people using the service to have meaningful leisure and recreational activities that reflect their interests.

People and their relatives were positive about the care that was provided by Elmglade. they told us they felt safe. Relatives said they could visit their family members in the home whenever they wished.

Staff were knowledgeable about people and how to care for them. Documentation which related to caring for people was regularly updated and individualised so it meant people received care that was in their best interests and met their needs.

The provider followed safe recruitment practices. Once recruited staff were sufficiently trained and supported to enable them to undertake their roles and responsibilities. There were sufficient levels of staffing to make sure people's needs were met.

Risks to people were assessed and reviewed regularly. Accidents and incidents were monitored so that the possibility of re-occurrences were minimised.
We observed staff to be kind and caring. They ensured people retained privacy and dignity when personal

care was provided.

People were asked their consent prior to care being provided. If people were unable to give informed consent, the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to protect people who may not be able to make some decisions for themselves and to make sure their rights are protected.

People were encouraged to maintain good health. They had access to healthcare professionals according to their needs. People's nutritional needs were assessed and monitored and people received a variety of meals according to their needs and choice. People received their medicines as prescribed by their GP.

People felt the registered manager took their views seriously and responded accordingly. There were quality assurance measures in place to continually monitor the quality of the service and make improvements when necessary. The registered manager was aware of their rights and responsibilities in relation to the running of Elmglade, and ensured they contacted relevant professionals when required to help provide safe care to people.

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 told us they felt safe and staff had a good understanding of the procedures for safeguarding people at risk.

The service had systems in place to ensure only suitable staff were employed. The levels of staffing were adequate to meet people's needs.

Risks to people's safety were identified and measures put in place to minimise these risks. Furthermore, accidents and incidents were analysed so the possibility of re-occurrences was minimised.

People received the medicines they were prescribed in a safe and correct way.

Is the service effective?

Good

The service was effective. Staff received training and support to ensure they had the knowledge and skills to care for people who used the service.

The provider met the requirements of the Mental Capacity Act 2005 to help make sure people's rights were protected. Staff ensured they sought people's consent before providing care to them.

People were helped to maintain good health by having access to good nutrition and healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about the people they cared for. In this way the service was alert to changes in people's behaviour which could indicate changing health needs.

Relatives told us staff were kind and caring. They said they were

always made to feel welcome.

We saw that people were treated with dignity and respect, and the service met people's diverse needs.

Is the service responsive?

Requires Improvement

The service was not always responsive. There were limited activities available to people which meant they did not have a range to choose from.

People had individualised care which was documented and reviewed regularly. This meant the care provided to people reflected their current needs.

People felt able to raise any issues or concerns with the registered manager. They felt these issues would be taken seriously and dealt with appropriately.

Is the service well-led?

Good

The service was well-led. People said the registered manager and deputy were approachable.

The service used a variety of ways to seek people's views in order to drive improvements. There were systems in place to monitor the quality of the service.

The registered manager was aware of their role and responsibilities to care for people at Elmglade.

Elmglade 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.

This inspection took place on 10 December 2015 and was unannounced. It was carried out by an inspector. Prior to the inspection we reviewed information of significant events that the provider had notified us over the last 12 months.

During our inspection we spoke with three people who lived at the home and a person's relatives visiting on the day and a professional. Not everyone at the home was able to speak with us about their views of the service. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We also spoke with three care workers, the deputy manager and registered manager. We looked at records which included four people's care records, four staff files and other records relating to the management of the service.

After the inspection we spoke on the telephone with three relatives whose family members lived at the home. We also spoke with a further social care who had direct knowledge of the service to obtain information from them.

Good

Our findings

People told us they felt their relatives were safe living at Elmglade. One person said, "It's very safe indeed," and another person said, "There's consistency, I've never had any concerns." One relative went onto say, "I've recommended it to other people who were looking for somewhere."

The provider took steps to protect people from abuse. In discussions with the registered manager and other staff it was clear they could recognise the signs and systems of abuse and knew these should be referred to the relevant statutory bodies. The service also had policies and procedures which guided staff to take appropriate action. We saw that staff had received training in keeping people safe, however, we noted that approximately half the staff team had not completed the refresher training in a timely manner. In addition, we noted that whilst the registered manager and deputy had completed the internal refresher courses, they had not completed more in depth courses for managers so they were confident on how to deal with and report allegations and suspicions of abuse. We discussed this with the registered manager who agreed to take action to address the issues raised.

We looked at the recruitment records to check the provider had systems in place to ensure that only suitable people were employed to work at Elmglade. Among the checks we saw there were completed application forms, references, proof of identity, and where applicable permits to work and police checks.

We saw the provider had identified possible risks to people's health and safety and had put measures in place to minimise these risks. These risks were documented in an assessment, and updated monthly so they reflected people's current needs. Depending on people's needs, there were risk assessments including those for physical health, manual handling and nutrition. In one example we looked at the nutritional risk assessments which identified the assistance required by the person when eating and drinking, and advice from a dietician about the most suitable way to ensure the person ate adequate amounts of food. The person was also weighed weekly to monitor for any loss of weight which would trigger a referral to the dietician.

The service maintained a record of significant events including all incidents and accidents. These events were monitored regularly so any patterns or trends could be quickly identified and measures taken to minimise the risks to people. The registered manager gave us an example, of a person who had fallen and staff had been unaware of the fall despite the presence of a pressure mat. After looking into this matter this registered manager had established the pressure mat had stopped working and so had initiated a daily audit of the mats to help prevent a reoccurrence.

We saw there were sufficient numbers of staff to meet people's needs. We observed people's needs were responded to promptly throughout the day. We saw there were four care staff available throughout the day and the registered manager was available mainly between 9 – 5pm five days a week. We also saw there were ancillary staff available within the home which included a cook, housekeeper and laundry person. It was positive to note that the ancillary staff were all friendly and engaged with people throughout the day, and assisted with straight forward requests from people.

The service ensured people received their medicines as needed. Each person had an individual record of the medicines they required with a photograph and a list of their known allergies. In this way the risks of errors were minimised. People's individual medicines administration records (MAR) we looked at showed they had been completed correctly. This helped to ensure people were receiving their medicines as prescribed by their GP. We saw there were a number of audits in place to minimise the possibility of errors occurring. There were regular temperature checks of the medicines refrigerator and clinical room to ensure they were within the correct temperature range. We saw there was an internal audit of medicines by the registered manager or deputy twice a month. In addition there was an external audit by a community pharmacist annually. The last audit was completed in April 2015 and we were able to view the records of this visit. This additional visit gave reassurance that medicines administration was in line with current and best practice.

Good

Our findings

The provider ensured staff received training on a regular basis so that they could undertake their roles and responsibilities effectively. There was a range of training available to staff covering areas of their work which included dementia awareness, food hygiene and equality and diversity. These courses were generally refreshed annually. We saw some of these courses were completed online whilst others such as manual handling were classroom based. In offering a range of courses the provider was ensuring care staff were up to date with current and best practice.

The registered manager told us new staff spent time with them going through the operation of the home and reading policies as part of their induction. They spent time shadowing more experienced care workers for at least four shifts or until they were assessed as competent to undertake their role without supervision.

Staff told us and we saw evidence that they had regular opportunities to meet with their line managers on a one to one basis to discuss work and their performance. These meetings were recorded and staff were given an opportunity to sign the document to confirm they agreed with its content. Staff also had annual appraisals to consider their overall performance and to consider their professional development. Staff told us there were regular team meetings which enabled communication between members of the staff team.

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.

We saw the registered manager had made a number of applications to the local authority to deprive some people of their liberty and these had been granted. Other applications were pending in line with a request from the local authority to only make urgent applications as they were unable to process them. We saw there were systems in place to ensure timely applications were made to renew the safeguards within the

timescale of them being granted in line with legal requirements. Staff we spoke with were able to tell us what they would do in practice if someone who was subject of a DoLS wished to leave the home.

Throughout the day we observed staff asking people for their consent prior to support and care being offered. For example during lunchtime, people were routinely asked if they wanted to wear an appropriate apron to protect their clothing, and if they did not this was respected. We did note on the documentation however, people or their representatives had not always signed the care plan as a way of indicating their agreement to the care being provided. We discussed this with the registered manager who agreed to address the issue and ensure if people were unable to sign documentation for themselves, this was recorded.

The service ensured people had sufficient amounts to eat and drink to meet their needs. People's nutritional needs were routinely assessed and reviewed, and their weight monitored monthly or as required. For some people a Malnutrition Universal Screening Tool (MUST) had been completed. This is an assessment to determine if people were at risk of malnutrition. Where possible risks to people's nutrition had been noted, the service closely monitored their food and fluid consumption to make sure it did not affect their well-being.

We saw the service had close links with a range of community healthcare professionals. This included GP's, district nurses, chiropodist and the challenging behaviour service. This helped to ensure people's health needs were met effectively. A relative we spoke with gave an example of their parent's recurrent health issue which the staff had monitored and sought specialist medical advice when necessary. This had led to a reduction in the persons overall medicines intake and associated side effects.

Good

Our findings

People told us the support provided at Elmglade was caring. One person said, "The staff are good." And relatives told us, "This place is wonderful, the staff are very friendly," and "the best thing about it is the staff have all been here a long time."

Relatives and friends were able to visit the home whenever they wished. Visitors told us they were made to feel welcome. One relative told us, "They always open the door with a smile, and they know your name." We also noted there was a range of information available to visitors in the communal areas, this included leaflets about dementia and support organisations.

We saw many examples throughout the day where staff were attentive and caring and provided information to people so they could make informed choices about their daily lives. They sat with people and took time to explain things to them and to listen to what they had to say. One person took a long time to decide where they wanted to sit at lunchtime. We observed a staff member patiently asking them questions, giving choices and supporting them when they finally made a decision.

Staff were knowledgeable about the people they cared for. In this way they were able to engage people in conversations about their past lives and experiences. It also meant staff were able to respond quickly if there were changes in people condition. A member of staff said, "We know when they're not well and we [the staff] talk to each other."

We saw that staff ensured people had privacy and dignity. They knocked on people's bedrooms doors and waited for a response before entering. We saw a member of the ancillary staff discreetly asking someone if they wanted assistance to go to the toilet. Also at lunchtime staff sat with people and patiently assisted them offering encouragement when necessary.

The provider ensured people's diverse needs were met. We saw staff had completed equality and diversity training. Within people's care plans we saw cultural and religious needs were recorded. Where people had dietary requirements in relation to their culture and preferences, the service was able to provide some of them. Where this had not been possible, family members were encouraged to bring in items of food which could be served instead. One relative told us how they brought in food at lunchtimes and played their relatives favourite music. They went onto say "[relative's name] thinks it's her own home."

Requires Improvement

Our findings

We found people had activities to engage in and the provider had into taken into account people's individual needs when arranging activities. The provider offered some recreational and social activities within the home which were popular with people such as a music and quiz sessions once a week. We also saw there were various games, puzzles and newspapers available for people. We observed staff did take time to sit with people and engage them in conversations when they were not involved in directly caring for people. However, two people we spoke with felt they could have been offered greater choice. One person told us, "Don't like the activities, it's like a kindergarten [made a gesture like shaking a tambourine]." Another person told us, "Sometimes I get bored, the days just go by." It was clear that activities were undertaken on an ad-hoc basis and was the responsibility of staff on duty rather than any one individual. We discussed this issue with the registered manager and some staff who said they felt they only had limited opportunities to engage in the provision of activities as they were often too busy meeting people's care needs. The registered manager agreed to review options available to increase the social and recreational activities available to people.

The provider ensured people received personal care that was specific to their needs. When people were admitted to the home, staff assessed their needs and gathered information from the individual and their friends and family about the person's preferences for care. In one example, peoples preferences were detailed the care plan outlined the gender of the carer the person preferred. In another example, there were prompts to staff regarding a person's capacity and how to support the person when they were unable to make decisions for themselves.

People's care plans were regularly reviewed. There were monthly checks completed by the registered manager or the deputy to consider if any changes were required. In addition, there was an annual review which people and their relatives were involved in. In this way, changes were identified quickly and care plans reviewed so they reflected people's current needs.

People within the service had a named key worker. The role of the key worker was to have responsibility for overseeing and coordinating the care and support received by the individual. Staff were able to tell us in detail how to care for the individual they were responsible for. Other staff were also knowledgeable about people's abilities and preferences. In this way people were receiving care that was individualised to their needs.

The registered manager encouraged people to raise issues or complaints about the service so they could be dealt with quickly. One relative told us, "I've only had minor problems but I know the manager and deputy will listen and respond." We saw there was a copy of the complaints leaflet displayed in the communal area of the home. The service also maintained a copy of all complaints received which included monitoring the actions taken as a result of the complaint. We saw complaints had been dealt with appropriately and within the providers timescale.

We recommend the provider review the provision of activities in the home according to national guidance to ensure people have a range of suitable activities to choose from and that met their needs.

Good

Our findings

We received many positive comments about the registered manager and the deputy and about the way they ran the service from people, their relatives and staff. They included from a member of staff, "Very supportive, if I've got a problem they're the first port of call." Relatives said, "Very happy. They run it so well," and another relative said, "It's not all about money, there is investment in the place."

The provider was constantly seeking feedback about the service and considering ways it could be improved. People and their relatives were asked to complete an annual survey. There was also a visitor's survey which was given to anyone visiting the home over the period of two weeks, this included healthcare professionals. The last survey had been completed in January 2015 and information had been gathered and analysed to help drive improvements. The home also held residents meetings three times a year as another forum for gathering people's views about the service. We were given examples of how changes had been made in response to the survey and residents meetings. People had commented on the existing lounge which was long and narrow and could sometimes become congested as people moved around using their walking equipment. As a result the provider had built an extension to the lounge which provided a more comfortable space for people.

There was a range of audits and checks of the service. For example, regular checks of care plans and risk assessments which were carried out monthly. There was also a system of audits for medicines which included a daily visual check; a twice monthly check and an annual pharmacist check. This level of auditing ensured different aspects of the service were checked so it was suitable to meet people's different needs and to make sure people received safe and appropriate care. There were systems to support staff to understand how to audit the service. For example, the infection control audit was completed by another member of staff and completed monthly. in this way staff took responsibility for aspects of the service. Unannounced checks were completed by the proprietor on a monthly basis. This was to monitor the care and support offered to people over a 24 hour period and at weekends. Records showed the proprietor visited at various times throughout the night and at weekends and would report any issues to the registered manager.

The service had a registered manager in post. The registered manager notified CQC of significant events in the home in line with their legal requirements of being a registered provider. Staff were aware of their roles and responsibilities within the home and willing to work within this environment to provide a quality service. The registered manager constantly reviewed whether staff were aware of the direction and vision of the home. This was achieved by the registered manager by making staff aware of changes of legislation and

procedures and deciding how the service should be run. There were also reminders at team meetings of various policies that staff were expected to adhere to.

Staff were aware of their roles and responsibilities within the home. The registered manager constantly reviewed whether staff were aware of the direction and vision of the service. This was through supervision and direct observation of practice by the registered manager and deputy. If issues were identified there was a period of supervision and/or training. In this way the manager was constantly seeking to drive improvements.