

Elmcroft Care Home Limited

Elmcroft 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?

Requires improvement 

Overall summary

The Inspection took place on the 8 June 2015.

Elmcroft Care Home provides accommodation, personal care and nursing care for up to 54 people. Some people have dementia related needs and require nursing care. The service consists of two units: The General Nursing Unit and Blythe Unit. At the time of our inspection there were 10 people living at the service and the service was only using one unit.

The registered manager had left the service at the beginning of November 2014. A new manager has been recruited and was going through the process to be

registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on the 28 and 29 October 2014 we had concerns that the service was not meeting requirements in relation to a number of regulations. These included care and welfare of people, safeguarding

Summary of findings

people, levels of staffing, supporting staff, maintaining privacy and dignity and response to complaints. The provider sent us an action plan detailing what steps they would take to address these issues and how they would meet the relevant legal requirements. During this inspection we looked to see if improvements had been made and progress sustained.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, tissue viability nurse and mental health professionals.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to continually make improvements.

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 safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was not consistently well led.

The provider has appointed a new manager who is in the process of becoming registered.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

Requires improvement



Summary of findings

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Elmcroft 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 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 the 8 June 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with eight people and three relatives, we also spoke with the manager, clinical lead, regional manager and six care staff. We reviewed four care files, six staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At our inspection of the service on 28 and 29 October 2014, we found that the registered provider had not protected people against the risk of insufficient numbers of appropriate staff to meet people's needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered provider they must take action to ensure people received a safe service. At this inspection we found the provider had taken action.

There were sufficient staff to meet people's needs. One person said, "They look after me well, only got to press my buzzer in the night and they come to me straight away." Another person said, "They (staff) are always on hand, nothing is too much trouble for them." A relative told us, "I think there are sufficient staff here and they are really on the ball with regard to attending to resident's needs."

Staff felt they had sufficient numbers to attend to people's needs safely and without rushing. One member of staff said, "The staffing levels at the moment allow us more time to meet people's needs, this was not always the case in the past and I hope this does not change in the future." The manager had recently recruited more permanent staff to work at the service, which meant the need to use agency staff had significantly reduced.

At our previous inspection we found the provider did not have efficient safeguards in place to protect people. This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 of the Care Act. At this inspection we found people were protected.

People told us they felt safe living at the service, one person said, "I feel safe here and staff soon deal with anything I'm worried about." A relative told us, "There always seem to be staff close by and I feel that my relative is safe and secure here."

Staff knew how to keep people safe and protect them. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "If I had any concerns at all about any of our residents I would tell the manager." Another member of staff said, "If I was worried about anyone here I'd contact the manager or

nurse on duty. I'd record what I had found and the action I took." Staff also knew about 'whistleblowing', one told us, "I understand about whistleblowing and that I am responsible for reporting concerns to senior managers if I don't think they have been handled properly here." Another said, "If I had any concerns I know I can take them to CQC if I need to."

The manager reported safeguarding concerns appropriately to the local authority and the CQC.

The manager also demonstrated how concerns had been investigated and that learning from these concerns had been shared with staff to ensure people were supported safely, for example, making sure that staff knew how, when people's medication changed, this could affect their well-being.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores.

Staff were trained in first aid and there were qualified nurses on duty at all times. Should there be a medical emergency staff knew to call a doctor or paramedic if required and the nurses were able to support with minor incidents. Everyone had a personal evacuation plan in place so staff knew how to support them in the event of a fire.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "After I applied for the job I came for interview, I had to give two referees and did a criminal record check."

People were cared for in a safe and well maintained environment. For day to day maintenance the manager employed a maintenance person which meant issues could be addressed quickly with minimal impact on people. Equipment was monitored and checked to ensure it was in good working order and safe for people to use.

Is the service safe?

People received their medications as prescribed. One person told us, “When I am in pain I ring my bell and they bring my painkillers. My other medication they break in half for me as I find them hard to swallow.” Qualified nurses who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. The nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse supported

the person to take their medication with their choice of drink. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

At our inspection of the service on 28 and 29 October 2014, we found that the registered provider had not been supporting staff with regular supervision and training. This demonstrated a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2010 which corresponds to Regulation 18 of the Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found staff were well supported and were receiving training relevant to their role.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, "I have recently enrolled for my national vocational qualification level 2 in care, and I have just completed a 12 week course on dementia care." Another member of staff said, "We get regular update and refresher training in areas like, safeguarding awareness, manual handling, infection control and health and safety."

The manager told us that they had reviewed how training was delivered at the service, so that there could be a mixture of hands on and face to face training, as well as computer based training. The manager was also in the process of training staff to be trainers and use their skills to deliver training to other staff, for example, with moving and handling and first aid.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing, an induction program and working with more experienced members of staff. Staff said, "I think that the initial training I had when I first got my job covered the areas it needed for me to be able to work with the people living here."

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took

the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew to check that people were consenting to their care needs during all interactions. One person told us, "Staff always ask me and give me a choice."

People said they had enough to eat and choice about what they liked to eat. We saw people had access to hot and cold drinks throughout the day, and snacks were readily available. People told us they enjoyed the food and that they had choice over what they wanted to eat. One person said, "The food is lovely, and always nicely presented." Another person said, "I like the food and you can have as much as you want." We observed a mealtime and saw this was a very relaxed occasion. Where people needed support with eating staff sat with them and engaged in conversation with them, whilst providing support at the person's own pace. People all told us they had enjoyed their meal.

Staff monitored people's weight and where appropriate made referrals to other professionals such as a dietician, or speech and language therapist. The chef was provided with the information they needed from staff to provide specialist diets as required for people, for example, diabetic diets or pureed diets. We saw that a member of kitchen staff had introduced a new initiative to make pureed food look more appetising by presenting the food using moulds to shape attractively. Staff said they had also recently made a birthday cake in the shape of a train, but had moulded one of the wheels with pureed cake for the person to eat, without this looking different to the rest of the cake.

People were supported to access healthcare as required. The service had good links with other health professionals, such as tissue viability nurses, GPs, mental health nurses, chiropodist and dieticians. The manager told us they were trying to encourage people to register with GPs that were local to the service for easier access for them to be seen.

Is the service caring?

Our findings

At our inspection of the service on 28 and 29 October 2014, we found that people were not always treated with dignity and respect. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found people felt that they were looked after by caring staff.

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person said, "I think the staff are champions, they are kind and will always listen to us." Another person said, "I get fantastic treatment here, staff always ask if I'm okay." A relative told us, "The quality of care here is really excellent now."

The staff were open and friendly. They showed kindness and compassion when speaking with people. Staff and people engaged in conversations with each other, easily, frequently laughing together. We saw on many occasions staff sitting and talking with people and showed them that they were important; they always approached people face on and at eye level. Staff were attentive to people's needs, checking if they were cold and asking if they wanted a blanket or if they needed anything when talking with them.

Staff knew people well including their preferences for care and their personal histories. One person told us, "I like to have a bath two or three times a week, and go to bed in the afternoon, the staff always help me." Another person told us, "The staff know me well, they know what I like and how I like it."

People's needs were attended to in a timely manner by staff. During our inspection one person became upset and staff responded immediately to offer them reassurance and distract them by engaging in an activity with them. We saw this person relaxed in the company of others later in the day. A relative told us, "The staff are very patient and friendly I'm happy with the care they give to my relative."

Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs. Staff said this involved spending time with them to make sure that their welfare and care needs were being met.

People were treated with dignity and respect. There were many different areas where they could have private visits with family if they wanted, including outside space. The service had recently converted a bedroom into a small lounge for people to use with their visitors, rather than using their room or main lounge if they preferred. Relatives told us they visited at all different times of the day without any restrictions of visiting times.

Is the service responsive?

Our findings

At our inspection of the service on 28 and 29 October 2014, we found that people did not have their needs met in a person centred way. This is a breach of Regulation 9 of the Health and Social Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found people's care had been planned to meet their individual needs.

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being. One person said, "The staff are lovely and I'm more than satisfied with my care." A relative told us, "The staff are good at keeping us informed about our relative's condition."

Before people came to live at the service an assessment was undertaken of their support needs to ensure these could be met. People and their families were encouraged to visit the service to see if they liked it and if they felt they would be comfortable living there. One person told us, "I only came for two weeks, but really liked it so I have stayed."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. Care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if care needs changed, for example, we saw when one person had returned from hospital their needs had been reassessed and their care plan had been rewritten to match their changing needs. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. One person told us how they had attended a wedding the previous weekend, and another person told us they had been to visit their grandchildren. People were encouraged to continue with their hobbies and people were supported with reading newspapers, completing quizzes, cooking and doing art work. One person liked to watch wild birds and we saw a bird feeder had been placed by their window so they could see the birds feeding.

The service employed a member of staff to support people with activities. People told us there was always plenty to do at the service. One person said, "[staff name] is very good, they always have something for us to do. Every week there is a theme, sometimes we do cooking or art, play games or go out into the garden for afternoon tea and games."

At our previous inspection we found that complaints had not been investigated or responded to efficiently. This is a breach of Regulation 19 of the Health and Social Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 16 of the Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had much more effective systems in place to deal with complaints.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People we spoke with said if they had any concerns or complaints they would raise these with the manager or the clinical lead. One person said, "I have no complaints, if I did have any I'd let them (the staff) know and I'm sure they would deal with it properly".

A visiting relative said, "I know I can complain but, so far, I've never needed to make a complaint as any issues we have had have been dealt with immediately."

Is the service well-led?

Our findings

The registered manager left at the beginning of November 2014. In the interim the provider has had temporary managers in post and the provider's senior management team have been supporting the service. A new permanent manager was in post and they were going through the process to register with the Care Quality Commission.

People, their relatives and staff were very complimentary of the management. The manager was supported by a clinical lead and we were told that they were both very visible within the service. Staff said they felt supported by the management which enabled them to do their job. One member of staff said, "We get regular support and a senior or the manager is always available to go to for advice." Another member of staff said, "The new manager is very approachable, if we need any support or advice it's now dealt with straightaway, it has not always been like that in the past, I felt we were not always listened too." A relative told us, "The culture here now is open and relaxed."

Staff had regular supervision and team meetings were now being held at the service. One member of staff told us, "I get one to one meetings and I think these are useful for discussing things about training and my work." Other comments made by staff included, "Things have improved here; we get good support." Another staff member said, "I now feel supported in my work and if I speak to senior staff or the manager about a resident I think they always take notice of my views." Staff shared the same vision and values for the service, staff said they aimed to help people feel happy, to be as independent as possible, to be healthy, and for them to feel like they were at home. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager gathered people's views on the service through regular meetings with people and relatives. During the meetings they gained feedback from people on the care they received and if they needed to make any changes. The management demonstrated they had been very transparent in these meetings discussing all issues that affect the service, including the service's recent difficulties and changes in management. We saw from minutes that it was discussed how to make a complaint, how to review people's care needs and any improvements that could be made for the experience of people living at the service. It was suggested a newsletter would be helpful to aid communication and this has now started. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The manager was also engaging with people and their relatives through a number of shared seminars they are planning to host. One of these will be on dementia care, we also saw they had planned to take part in the national 'Care home open day' and had planned a number of joint social events with relatives, people and staff. People and relatives were also being asked to complete surveys of their care so that the management could gain their views and get their feedback. This showed the management was building positive working relationships with people and their relatives.

The manager had a number of internal quality monitoring systems in place to continually review and improve the quality of the service provided to people. To help with the quality monitoring the provider also carried out a number of regular audits. These were then analysed to see how care could be maintained and improved.