Elmfield Residential Home Limited

Elmfield House

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

Summary of findings

Overall summary

About the service: Elmfield House is residential care home that was providing personal care to 17 people aged 65 and over at the time of the inspection. People living at the service were living with physical and mental health conditions and some were living with dementia.

People's experience of using this service:
People told us they lived in a safe and comfortable home. People and relatives said the environment was homely and this matched our observations. People were involved in the running of the home and decisions about their care.

Care was planned around people's needs and backgrounds with plans in place to manage risk and promote their wellbeing. Staff worked well with healthcare professionals and medicines were managed safely. People gave positive feedback on the food that was prepared for them as well as the activities and events at the service.

People were supported by staff who had training and felt supported in their roles. We heard positive feedback on the leadership of the service from people, relatives and staff. People said staff were caring and knew what was important to them. Systems were in place to learn from incidents or complaints and the provider regularly sought to involve people, relatives and stakeholders in the service.

Rating at last inspection: Our last comprehensive inspection was in June 2016 where we rated the service 'Good' overall with 'Requires Improvement in Well-led due to a breach of the legal requirements in relation to having a registered manager in post. We then carried out a focused inspection in May 2017 where we found a registered manager was in post and we rated the service as 'Good' in Well-led.

Why we inspected: This was a planned comprehensive inspection.

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 Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Elmfield House

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and one assistant inspector.

Service and service type:
This service provides care to older people with needs relating to mobility and long term conditions. Most of the people living at the home were living with dementia and mental health conditions. The service provided support to up to 18 people.

There was a registered manager in post. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Before Inspection:
We requested feedback from commissioners and the local authority. We reviewed statutory notifications and feedback sent to CQC. Statutory notifications are notifications of important events that providers are required by law to submit to CQC.

During Inspection:
We spoke with four people, four relatives, three care staff, a housekeeper, the cook and the registered manager. We reviewed care plans for four people including risk assessments, medicines records, daily notes and applications to deprive people of their liberty. We checked two staff files as well as a variety of checks and audits. We reviewed records of incidents, complaints and meeting minutes.

After Inspection:

We received evidence sent to use from the provider. We also received feedback from a community nurse who deals regularly with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

● People told us they felt safe living at the service, one person said the secure environment made them feel safe. They told us, "All of the doors are alarmed, if you go out the wrong door the alarm will go off." We observed people making use of the home environment safely and where people did not require restrictions to keep them safe, measures were taken to enable them to leave the service independently whenever they wished.

● Risks to people had been assessed and plans were identified to keep them safe. For example, one person sometimes displayed behaviour that could place them at risk. There was detailed guidance for staff on how to identify and respond to these behaviours. Staff maintained accurate records relating this person's behaviour so that it could be monitored effectively.

● The home environment was safe because there were a variety of checks and audits carried out. Areas such as health and safety and fire safety were regularly checked and equipment was serviced. A staff member said, "Some residents aren't able to look after themselves we make sure they are safe from harm."

Using medicines safely

● People told us they received their medicines when they expected them and staff talked to them about their medicines.

● Records contained sufficient detail to inform staff and people about their medicines. Where people received 'as required' medicines, there was guidance for staff on when to administer these. We also saw evidence of staff prompting reviews of people's medicines when they had noted changes. For example, one person had medicines to help their mood and where staff identified this had made them tired they had contacted the prescribing doctor who had adjusted the dose.

● Medicines were administered by trained staff who were observed following best practice. One staff member said, "We try to give medicines the way they [people] prefer, in a pot or spoon, it depends on the individual."

● Medicines were stored securely with regular checks. Frequent audits of medicines records were also carried out to ensure their accuracy. Medicine administration records were completed accurately with no gaps.

Systems and processes to safeguard people from the risk of abuse

● Staff had received training in safeguarding adults and were able to tell us how they would identify and respond to abuse. One staff member said, "I'd speak to my senior or manager and it would be dealt with by her. I could call CQC or the whistle blowing line, there are numbers to call." Information for staff on how to escalate concerns was on display within the home.

● There had been no recent safeguarding incidents at the service, but we saw evidence of the registered manager proactively seeking guidance and best practice advice from safeguarding teams and healthcare

professionals.

Staffing and recruitment

● There were sufficient numbers of staff working at the service. A relative said, "There is a good level of staffing." People, relatives and staff told us there were enough staff and this matched our observations. The provider regularly checked response times to call bells and these were always prompt. We observed staff spending time with people throughout the day, responding swiftly when people asked for support.

● Staff files contained evidence of checks to ensure staff were suitable for their roles. Staff files contained records of checks such as work histories, proof of identity, references and checks with the Disclosure and Barring Service (DBS). The DBS carry out criminal record checks and hold a database of potential staff that would not be appropriate to work in social care.

Preventing and controlling infection

● People lived in a clean home environment. A relative said, "The rooms are all absolutely immaculate. I know [registered manager] is very meticulous about cleanliness." The home environment was tidy and clean and smelt pleasant. We observed housekeeping staff cleaning throughout the day and records showed they had a system in place to ensure each room got cleaned regularly. One housekeeper said, "There's always two of us on, two deep cleans a day which includes carpet cleaning as well."

● Staff had received training in infection control and demonstrated a good understanding of best practice in this area. One staff member said, "I wear gloves and aprons at all times when dealing with any personal care, cuts or dressings."

Learning lessons when things go wrong

● Systems were in place to enable staff to analyse accidents, incidents, complaints and feedback in a way which encouraged learning.

● The provider kept a record of all accidents and incidents and these were regularly analysed. Records showed that where people had suffered falls, these systems had been used to identify patterns and respond to them. For example, records showed one person had fallen four times in one month. The analysis identified that these were often at night, so a motion sensor was introduced which helped reduce the risk. Records showed falls decreased following this intervention.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave positive feedback about the food that was prepared for them. One person said, "The food here is lovely you can't ask for better variety." A relative said, "The food is amazing they do birthday cake and birthday tea. [Registered manager] and her partner always does Christmas dinner."
- All meals were made from fresh ingredients and were chosen based on people's requests, with a choice each day. We observed staff and people preparing a meal during our visit which created a pleasant smell of home cooked food which added to a warm dining atmosphere.
- Where people had specific dietary needs, care was planned around them. For example, one person had experienced swallowing difficulties and healthcare professionals had recommended a soft diet. This was detailed in their care plan and staff prepared meals for them each day in line with this guidance. We observed staff providing people living with dementia with visual choices and subtle encouragement during lunch to enable them to eat independently.
- The provider gave examples of how they focussed on people's nutrition. They used nationally recognised best practice such as the NHS Eatwell Guide to inform menu planning. They also told us they had recently increased the numbers of vegetables given within meals to three, and this matched our observations of people's meals on the day.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives said they received an assessment before coming to live at the service. One relative said, "[Registered manager] did assessments on [person] and was more than happy to take [person] on." Records showed that information was sought from relatives as well as healthcare professionals involved in people's care.
- Care plans were drawn up based on people's assessed needs and preferences with regular reviews to ensure care records were kept up to date.
- Best practice was followed in planning care for people living with dementia and mental health conditions. Care plans were detailed and personalised and staff had a good knowledge of what was important to people and their backgrounds. This reflected best practice, such as NICE guidance on planning care for people living with dementia. The registered manager took an interest in best practice and attended events and sought out best practice. Healthcare professionals told us they regularly sought information on how to meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We received positive feedback from a healthcare professional about the service. They said, "The home does approach me and work with me, they will actively seek out advice and want the best for their

residents."
● People's healthcare needs were met because staff worked well with healthcare professionals. For example, one person had recently had an infection in a leg wound. Records showed staff checked these daily and district nurses visited change dressings. The person was prescribed antibiotics which staff administered and the infection cleared.
● Healthcare professionals informed care planning. One person had ongoing support from the community mental health team and their records showed they regularly attended reviews at the home. Staff also attended clinic appointments with this person and maintained accurate records about the outcomes. Where people had support from social workers, records showed input from them in assessment and care planning.
● The provider gave examples of how they helped strengthen bonds with healthcare professionals. These included facilitating multi disciplinary care meetings with a paramedic practitioner and working with the intensive support team for people living with dementia.

Adapting service, design, decoration to meet people's needs
● Care was provided in an adapted building. There were stair lifts in place to enable people to access the upstairs. During the inspection we observed people moving between floors using the stair lifts.
● Communal areas were bright and spacious to allow people who used walking aids to access the home freely. We observed one person moving around the home with their walking aid. The home had signage throughout to enable people living with dementia to orientate themselves. There were pictures, memory boxes and tactile items for people to engage with. There were electronic cats which people were observed using as comfort. A fish tank had been installed and one person said they found the fish particularly therapeutic. We observed people living with dementia engaging with the environment throughout the day.
● There was a garden area that had been recently developed based on people's requests. This was well presented with spaces for people to socialise and we received positive feedback on recent barbecues at the service. One person had an area for gardening as this was their interest, they told us they valued having this space to engage in their hobby.

Ensuring consent to care and treatment in line with law and guidance
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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People had consented to their care. Staff were knowledgeable about the importance of consent. One staff member said, "I always ask if it is ok and if they can make decisions themselves I always ask and explain to them why." We observed staff asking people for permission before care interactions throughout the day.
● Where people were not able to consent to their care, staff had followed the MCA. Capacity assessments had been carried out to identify if people were able to make specific decisions. Where they were unable to, best interest decisions were documented and these involved relatives and healthcare professionals. Where

restrictions had been placed upon people in their best interests, applications were made to the local authority DoLS team.

Staff support: induction, training, skills and experience

- Staff told us that they received an induction and regular training courses. There were training courses attended in areas such as fire safety, health and safety and infection control, records showed these were regularly refreshed.
- All staff at the service had completed additional courses such as diplomas in social care. We saw evidence of links with a local college as well as training providers and the local authority training scheme. Staff told us they could request any additional learning they liked.
- Staff told us they received regular one to one supervisions as well as appraisals. Records showed these were used to discuss staff work as well as identifying training and development goals.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives gave consistently positive feedback about the caring nature of the staff who supported them. One person said, "Every single one of them especially [registered manager], I wouldn't have got this far if it weren't for their help." A relative told us, "They [staff] are just good with all the residents. They know us by name, always greet you and ask how you are."
- There was a warm atmosphere at the service created by people and staff interacting pleasantly together. For example, in the morning we observed a lively atmosphere as people and staff discussed music whilst watching a live music DVD. All staff, including housekeepers and kitchen staff, were observed engaging with people throughout the day.
- Staff were passionate about their roles and making people's lives better. One care staff member told us, "The residents are the centre of everything, I know this is the type of place I'd want my family to be." They gave us examples of how staff routinely supported people to do things they liked such as tea parties and barbecues in the summer and spending time doing nails and make up with people.
- Staff created a homely and inclusive environment. During the inspection we observed kitchen staff, housekeeping staff and the registered manager all taking part in care delivery and engaging with people. People and relatives told us they valued the atmosphere at the service and chose the service for their loved ones because it was homely. We saw that staff were recruited and trained in line with this approach, alongside the values of the service. Relatives and staff told us how the service was well known in the area and the registered manager told us there was a waiting list for new placements.
- The provider had introduced 'Books of Excellence' for staff in order to promote a person centred and caring approach. They told us these were used to document where things had gone well in order to encourage staff.
- Where people followed a particular faith, the service had links with a local church so people could regularly attend services and benefitted from visits from ministers.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the running of their home. On arrival at the service, the inspection team was greeted by one person who was supporting the kitchen. They offered us drinks and we later found they used to be a caterer before coming to live at the home, staff reported how helping in the kitchen had improved the person's wellbeing.
- Records showed people were routinely asked about preferences about their care, as well as being involved in projects at the home. We saw examples of people choosing activities and making plans for events and parties. Where the garden had been recently developed; 'lit up' statues, ornaments and plants had been picked by people which created a well presented and relaxing space for them. Monthly newsletters provided updates to relatives and kept people informed on upcoming events and projects at the

service.

Respecting and promoting people's privacy, dignity and independence

● People were supported to develop skills and independence. We saw examples of people with complex needs becoming more settled following placement breakdowns. A relative told us how numerous placements had broken down as they were not able to support their loved one. They said, "At Elmfield we have had the best two years ever. It's the staff and all the attention they give to the residents."

● Two people had lived at a number of other services which were unable to meet their needs. In both cases, work was done with the people to identify ways to improve their lives. In one case, life story work was undertaken because a childhood trauma was impacting on how one person received personal care. A care plan was drawn up considering factors that may affect the person and instances of aggression had decreased. This resulted in a reduction in their medicines and they were discharged from the mental health team.

● Care plans recorded what tasks people could do for themselves and staff were knowledgeable about how to promote people's independence. People were well presented with clean clothes, wearing jewellery and make up where they wished.

● People told us staff were respectful and their privacy was preserved during personal care. Staff understood the importance of people's privacy when we spoke with them and we observed staff knocking and waiting for permission before entering people's rooms. Where people received personal care, this took place behind closed doors.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care was planned in a personalised way. One person said, "I keep a diary of every single day if I'm feeling happy and sad. [Registered manager] gave me a book to write down three things I'm grateful for."

● People had detailed care plans which reflected their needs as well as their interests and preferences. For example, one person was living with dementia and had complex needs relating to their mobility. There was detailed guidance for staff on how to communicate with the person, which was based on approaches that had been successful in the past and advice from healthcare professionals. Staff kept detailed daily notes recording the person's well-being and activities as well as care tasks completed.

● People's care plans had been regularly reviewed so staff could respond promptly to changes in need. Where staff had noted changes in one person's mood as part of a review, this prompted a referral to healthcare professionals and their care plan was updated. Records showed the person's wellbeing had improved following this intervention.

● People were supported to take part in activities they enjoyed. People told us they took part in a variety of activities and they spoke highly of them. One person told us how they particularly enjoyed regular music activities at the home. People and relatives gave us positive feedback on regular social events such as tea parties and barbecues. At the time of our inspection, an event for Chinese New Year had taken place and people gave positive feedback on the foods and arts and crafts activities that formed part of this. Records showed people and relatives were regularly asked for ideas and suggestions on activities.

End of life care and support

● People received compassionate and dignified end of life care. Care plans documented any advanced wishes and recorded people's preferences for the end of their lives. For example, one person had a condition that meant end of life care may be required soon and their care plan recorded information such as which relatives they wanted present and how they would like to be made to feel comfortable.

● Staff had received training in end of life care as well as regular training and support from local community nurses who provided support to people at the service. The registered manager had ordered equipment and beds for people so that they could remain at the home during end of life care, to enable stability and continuity at this stage of their lives.

● There were multiple compliments and thank you cards from relatives whose loved ones had passed away at the service. In some instances, relatives remained in contact with the service and attended parties and events there.

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to complain and felt their concerns would be dealt with by management. There was a clear complaints policy and records showed that where complaints had been raised, they were documented with robust investigations and actions to address the issues raised within

them.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives gave positive feedback about the registered manager. One person told us, "[Registered manager] is fantastic." Another person said, "You can ask her anything and you get an answer." A relative said, "[Registered Manager] is very good; always approachable and always willing to listen and talk to you. If staff are busy she is always involved."

● There was an open-door policy and the registered manager had created an open environment for people and relatives. The registered manager had moved their office so it was close to the lounge so people and relatives could regularly spend time with the registered manager, which we observed taking place throughout our inspection. The registered manager told us they found this approach beneficial as people and relatives could freely discuss any issues or suggestions with them. Staff and relatives also told us the registered manager regularly assisted with care delivery.

● There were a variety of systems in place to involve people and relatives in the running of the service. A relative said, "They have a residents and family meeting where you can have your input." We saw evidence of frequent meetings for people and relatives where they were encouraged to make suggestions. A monthly newsletter was also produced and these were detailed, providing updates about activities and events and changes at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Statutory notifications had not always been submitted when required, but this was rectified immediately after the inspection. Providers are required by law to submit notifications to CQC for important events such as deaths injuries, allegations of abuse and DoLS outcomes. We identified three instances where notifications had not been submitted following DoLS being approved. The registered manager highlighted these to us openly, they told us they were not aware of this responsibility at the time but had not submitted them before we visited. They submitted the notifications immediately following our inspection which meant the requirements of the regulation were met. We also noted that notifications for events such as injuries and deaths had been submitted in a timely manner.

● Staff spoke highly of the support they received from the registered manager. One staff member said, "I want to say how hands on [registered manager] is, if we are running behind she will help us. She will always have the time to speak to you about everything." Staff all told us that they felt supported by the registered manager. Staff gave examples of how the registered manager had supported them with personal issues and was flexible. The provider employed some staff whose spouses were in the military, they said they felt

supported by the provider's flexible approach if they had to move due to their spouse's work arrangements. A staff member described how their spouse had attended Remembrance Day and spent time with people, which people had valued.

● There were a number of checks and audits carried out by the registered manager as well as the provider. These audits were used to identify improvements as well as to monitor complaints and incidents to identify improvements.

Continuous learning and improving care; Working in partnership with others

● The provider and registered manager had implemented a number of improvements since our last inspection. These included refurbishment works to the home and gardens, which we observed was well presented and people gave positive feedback of. The provider had also introduced a new framework for health and safety checks and improved systems for monitoring incidents and complaints. These were designed to improve learning at the service.

● Recent improvements included developing links with a local school which had created opportunities for people to take part in activities with children. People gave us positive feedback about these activities.