Alhambra Care Limited

Elm Lodge Residential Care Home

Inspection report

Cluntergate
Horbury
Wakefield
West Yorkshire
WF4 5DB

Tel: 01924262420

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 October 2018 and was unannounced. At the last inspection in July 2017 the service was rated as requires improvement and we found they were in breach of three regulations which related to meeting people's nutritional needs, water temperatures, and dignity and respect. At this inspection we found the registered provider had made improvements and were no longer in breach of regulations.

Elm Lodge Residential Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Elm Lodge Residential Care home can accommodate up to 17 people who require accommodation and personal care. The home is situated over two floors; communal areas are on the ground floor and bedrooms on both floors. In the grounds of the home there is a car park and a patio area. The centre of Horbury and local amenities are several minutes away. At the time of our inspection there were 13 people living in the home.

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

People told us they felt safe. Staff discussed safety at team meetings and undertook training so they understood their responsibility to safeguard vulnerable adults.

Systems were in place to identify and manage risk. People had assessments that identified potential risks and how they should be managed. People's care plans covered areas such as personal care, physical well-being, continence, dietary needs, medicines and mobility. These outlined people's needs and how staff should deliver appropriate care. Care records were reviewed.

Staffing arrangements ensured people were safe. People told us staff were available to assist them when they needed support. Staff received training and support to help them understand how to do their job well.

The provider had systems in place to manage people's medicines. These were well organised and stored appropriately. Medicine administration records were well-completed. Guidance was in place for most but not all medicines that were prescribed 'as required' or 'as directed'. The registered manager agreed to ensure protocols were in place where required.

People lived in a safe environment. Work to improve the premises was in progress but there was still a lot of

work to do before the environment would be pleasant throughout. There was a lack of signage to help navigation around the service. Plans were in place to address the environmental issues.

People told us they were well cared for and our observations confirmed this. People were complimentary about the staff. Visitors were made to feel welcome and told us they were confident the service was caring.

People enjoyed the meals and had opportunity to engage in a range of activities. They accessed services which ensured their health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice although the provider did not consistently assess people's capacity even though decisions were made on their behalf.

People said they would feel comfortable raising any issues with care workers and management team. The provider investigated and responded appropriately to complaints.

The registered manager was knowledgeable about the service and had a clear vision for development and improvement. People were encouraged to share their views and put forward suggestions. People who used the service and staff attended regular meetings. The provider had effective systems in place to monitor quality and safety.

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.

Systems were in place to manage risk.

There were enough staff to keep people safe.

People's medicines were managed safely

Is the service effective?

Requires Improvement

The service was not always effective.

The provider was taking steps to improve the environment but some parts were impersonal and needed decorating.

Staff encouraged people to make day to day decision. However, people's capacity to make decisions was not always formally assessed.

People enjoyed the meals and told us they were offered choice.

Is the service caring?

Good

The service was caring.

People told us the service was caring and personalised.

Staff knew people well and were confident the service achieved high standard of care.

Care records contained information to help staff understand people's background and histories.

Is the service responsive?

Good

The service was responsive

Care plans outlined how staff should deliver appropriate care.

People engaged in a range of social activities.

Systems were in place to deal with and learn from complaints.

Is the service well-led?

Good

The service was well led.

The provider had effective quality management systems.

The registered manager was knowledgeable about the service and their responsibilities.

People who used the service and staff were encouraged to share their views and put forward suggestions.

Elm Lodge Residential 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 2 October 2018 and was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, and contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in February 2017. This is a form that asks the provider to give some key information about the service. Because the form was completed before the last inspection we took this into account when we inspected the service and made the judgements in this report.

During the visit we looked around the service. We spoke with seven people who used the service, three relatives/friends, four members of staff and the registered manager. We spent time looking at documents and records that related to people's care and the management of the home. This included seven people's care records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People lived in a safe and clean environment. At the last two inspections we identified there was a lack of hot water in some rooms. At this inspection we tested the water temperature in several bedrooms and two bathrooms and found all but one was satisfactory so people would be able to comfortably wash and bathe. The temperature of the water in one person's room was low. The registered manager said work had been carried out to improve the heating system; pipework had been replaced and they planned to replace more pipework and replace a boiler to completely resolve the issue. They said they continued to monitor temperatures carefully and contacted the heating engineer when any issues were identified. We saw records that confirmed this.

Certificates and records confirmed checks had been carried out to make sure the premises and equipment were safe. For example, fire safety systems, emergency lighting and hoisting equipment were tested.

When we looked around the home we noted some areas were colder than other parts of the home, and this included one bedroom. Staff said they could control the heating and turned this up when necessary. The registered manager said the one bedroom was colder due to the position but they ensured this was heated throughout the cooler months. One bedroom had a strong odour. The registered manager said steps were being taken to address the odour which included providing new flooring.

Personal protective equipment such as gloves and aprons, liquid soap and paper towels was available, and staff were observed using it appropriately. There was information displayed to help everyone understand how to prevent the spread of infection.

We received feedback from everyone we spoke with that people who used the service were safe. One person told us, "I feel safe because everyone is nice, and I can talk to most of them." A relative said, "Resident safety is paramount."

Staff discussed safety at team meetings and undertook relevant training. In September 2018 staff discussed safeguarding procedures. Staff told us they were confident if safeguarding concerns were raised the management team would deal with any issues appropriately and promptly. The registered manager told us there had been no safeguarding cases since the last inspection.

Systems were in place to identify and manage risk. People had risk assessments that related to their care and support. These identified the level of risk and measures in place to minimise the risk of harm. Assessments and care plans covered areas such as mobility, personal care, using the staircase, medical health, mental health, smoking and falls.

People had personal emergency evacuation plans that identified the level of support they required and the nearest exit to their room. This helps ensure everyone knows what to do in the event of an evacuation.

Staffing arrangements ensured people were safe. People told us staff were available to assist them when

they needed support. One person said, "I like everything about here. There is nothing they won't do for you and if you need them you just press your buzzer. I have mine here in my bag and they come, and they will do anything for you." A relative said, "It is very good. I'm involved with everything. It's a smaller place; they get more attention."

During the inspection staff were visible and spent time in communal areas so when people were getting up or moving around they were available. We reviewed staff rotas and the staffing dependency assessment for the beginning of September 2018. This showed staffing levels were consistent and met the levels identified through the dependency tool.

We looked at recruitment records for two members of staff who started working at the service in 2018. These showed appropriate checks to make sure candidates were suitable were carried out before employment commenced.

The provider had systems in place to manage people's medicines. We found medicines were well organised and stored appropriately.

Medicine administration records (MARs) were well-completed. We noted one gap on a MAR which the member of staff who was responsible for administering medicines agreed to follow up. Some people had time critical medicines, which we observed were given correctly on the day of the inspection. Clear administration instructions were included in the MAR file, for example, not to eat for several minutes after administration or remain sitting in an upright position.

Regular stock checks were carried out to make sure people had received their medicines as prescribed. We carried out random stock checks and found stock balances were correct.

People had been prescribed 'as required' or 'as directed' medicines which included topical creams. Guidance was in place about how and when some of these medicines should be administered or applied but not for all. The registered manager said they would review these medicines and ensure protocols were in place. They said they would also ask the supplying pharmacist to provide topical medicine administration records.

Staff responsible for administering medicines had completed medicines training and their competency had been assessed to ensure they practiced safely.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, we found people did not always receive the diet they needed to meet their nutritional needs. At this inspection we found people's nutritional needs were met. The registered manager explained what they had done to improve their systems, which included reviewing menus, providing more homemade and alternative dishes, purchasing local sourced provisions and changing the meal serving arrangements. They said the chef now served meals from a 'bain marie' and a member of the care team stayed in the dining room during meal times to assist people with their meal; we observed this and saw it worked well.

The chef told us they talked to people about menus and the quality of food at resident meetings, and the meeting minutes confirmed meals had been discussed in July, August and September 2018. They also said people's preferences and nutritional balance was considered when menu planning.

People told us they enjoyed the meals and there was plenty to eat. One person said, "I like the food as there's plenty of choice and there's nothing I don't like really." A relative said, "The food is good."

We observed people had a pleasant and relaxed dining experience at lunch. Everyone was offered a choice of homemade meatballs, pasta and salad or Cornish pasty, chips and peas, and dessert was chocolate pudding with chocolate sauce or cream, sticky toffee pudding with cream, yoghurt or fruit. Some people had two different puddings. Staff were attentive and people received appropriate support. Food and was nicely presented. Pureed food had been placed on plates using moulds and looked appetising. Everyone was given ample time to eat their meal and offered additional portions.

Throughout the day we saw people received regular snacks and drinks. One person said, "We can have whatever we want to drink, and [name of chef] brings the trolley round with tea and biscuits and there's a tuck shop so it's good we are not short of anything."

People were comfortable in their environment and freely accessed communal areas and their rooms. We saw most people spent their time in the lounge and at meal times people ate in the dining room which was bright and airy. However, parts of the home required decorating and refurnishing. For example, wallpaper was dated, grouting was blackened and some carpeting was worn.

Work to improve the environment was in progress but there was still a lot of work to do before the environment would be pleasant throughout. A bathroom had been recently painted and new flooring laid. One person's room had been painted and a new vanity unit had been fitted. Another room was being painted the day after the inspection.

There was a lack of signage to help navigation around the service. People's doors to their room were not different from doors to other rooms. Some notices had faded. Personalisation of rooms varied. Throughout the home there were a few photographs displayed where people had engaged in activities but otherwise walls were sparse.

The registered manager shared the provider's maintenance plan. This showed work had commenced and several areas were due to be decorated; the entrance and stairway was scheduled to be decorated in a 'dementia friendly décor' by November 2018, and seven rooms would be fitted with new flooring by December 2018. A premises audit stated signage and a new notice board had been ordered.

Staff said they received good support from colleagues and management. They said they had opportunities to discuss things that were relevant to the service with a supervisor, and received feedback about their performance. One member of staff said, "We get good support and I'm a member of a good team." Another member of staff said, "We have supervision every three months and an annual appraisal. We can also discuss things anytime."

Staff told us they completed training and refreshed this as appropriate. All staff we spoke with said their training was up to date, and the training matrix we reviewed confirmed this. Staff had received training which was relevant to their role and included, health and safety, first aid, fire safety, infection control, moving and handling, safeguarding, food hygiene, continence, dementia and record keeping.

An electronic recording system was used to assess and plan people's care and support. People's needs were assessed before they moved into the service. The registered manager was responsible for carrying out the initial assessment and developing risk assessments and care plans. Staff told us this system worked well.

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). At the time of inspection four people had an authorised DoLS.

We spoke with care staff, a senior care worker and the registered manager about MCA and DoLS. They were confident people were encouraged to make decisions and gave examples of how this was promoted on a daily basis. They also understood that if people did not have capacity to make decisions, any decisions made on their behalf had to be in their best interests.

Care documentation relating to consent and mental capacity varied. We saw examples where people had appropriately consented to care. For example, one person had signed consent documentation, and staff confirmed they had capacity to make the relevant decisions. Another person did not have capacity to consent to care and their legal appointee had signed on their behalf. However, mental capacity assessments were not always completed when people were unable to make some decisions, such as, a person being unable to leave the service unless they were supervised. The registered manager acknowledged there were gaps in the mental capacity assessment process and agreed to review this as a matter of priority.

People accessed services which ensured their health needs were met. We saw from people's care records they had health checks and support from health professionals.

Good

Is the service caring?

Our findings

People were complimentary about the care they received at Elm Lodge Residential Care Home. People told us staff were kind and caring. One person said, "I'm very happy. They can't do enough for you. They are very kind." Another person said, "It's nice here and the company is good." Another person said, "I really like [name of staff] and [name of registered manager]. She is nice we can have a bit of fun." A relative told us, "We can't thank the staff enough. It's a small home with a real family feel."

At the last inspection, we found people did not always receive the support they needed to make sure their privacy and dignity needs were met. At this inspection we found privacy and dignity were promoted and people were treated with respect. Staff practice throughout the day of our inspection, was kind, caring and compassionate. All staff interacted with people in a personal way. When speaking with people they made eye contact, listened to what they said, and responded to requests. If people stood up from chairs, staff offered support and took the time to find out if they wanted anything. Screening had been provided in shared rooms which ensured people had privacy. People told us staff were respectful.

Staff consistently offered people choice of food, drinks, where they wanted to sit and what they wanted to do. The chef knew people's preferences but told us, "It is important to ask people in case they change their mind." One person had arthritis and was in pain. Staff were reassuring and offered the person additional support when they were eating their meal, which included cutting up the person's meal and alternative cutlery. The television volume was low which enabled people to chat and subtitles were on. One person said it was like that to "please everyone". They told us staff asked everyone what they wanted to watch on television and they all decided together.

Visitors told us they were made to feel welcome whenever they visited. One relative said, "They [staff] always offer me a cup of tea." Another relative said, "It's very friendly."

Staff told us they enjoyed working at the service and were confident people were well looked after. One member of staff said, "It's nice here because it's small and homely. We have time to get to know people." Another member of staff said, "Staff are really nice, we have good relationships with residents."

People's care records contained information about their preferences such as social interests and preferred morning routine, and 'life history'. This helped staff understand how to provide person centred care.

Good

Is the service responsive?

Our findings

People had care plans that covered areas such as personal care, physical well-being, continence, dietary needs, medicines and mobility. These outlined people's needs and how staff should deliver appropriate care. For example, one person had a dietary needs care plan that described the consistency of their food and guidance from 'speech and language therapy'. Clear information about the risk of aspirating and how staff should support the person in the event of aspiration was provided. Another person had a 'short term memory' care plan that gave staff guidance around how to support the person when they were unable to remember things.

Although people's care was planned one person used a special cushion to help protect their pressure areas but this was not included in their care plan. The registered manager said the equipment had only been provided this month and would be added to the care plan when the monthly review was completed. Another person sometimes used a wheelchair but this was not included in their care plan. After the inspection the registered manager confirmed the relevant care plans had been updated and additional checks had been introduced to prevent similar oversight in future.

People had care plans which described their communication needs for example, information about people's hearing, vision, communication and memory. This helps ensure people receive information which they can understand and receive communication support if they need it. The service only had limited information available which was provided in alternative formats such as easy read or pictorial. The menu was displayed using words and pictures. The registered manager said they were looking at developing more information and had recently received some funding to assist with this.

During the inspection we saw staff spent time with people, engaged in meaningful discussions and activities, which included, 'I spy', word challenges and 'a higher or lower' game. One person told us they enjoyed, "Reading the papers that were brought in every day." They said a member of staff was bringing in the 'Mamma Mia' film which they were happy about. They also said they played bingo and did quizzes and the care staff did lots of word searches with people. Another person told us, "There's resident and relative meetings and we've asked for different activities which I think they now do. I know they do bingo, word searches, quizzes and staff talk with people in the lounge which I think is really nice."

Photographs of activities from August 2018 were displayed, which included people spending time outdoors and 'breath of air week', which aimed for each person to have a minimum of one hour outdoors during the month. The registered manager said they hoped to run this again during the autumn before the weather got too wet and cold. Talking books were available. These had been used as an 'afternoon play' serialising the book over several days for everyone to enjoy.

Two relatives talked to us about their experience of how the service had cared for their relative at the end of life. They told us the care had been 'phenomenal' and they had been involved in the whole process. They said, "They gave [name of person] dignity right to the end. They prepared us all for the end. The staff are second to none and [name of registered manager] is a diamond."

The service did not have an activity plan which meant people would not necessarily know what was happening in advance. An activity record was maintained. This showed in September 2018 people engaged in a pamper day, memory lane, ball game, quiz, ball game, I spy, a-z, alphabet animals and exercises. A few days after the inspection a Methodist church service was being held at the home. The registered manager said people went into the community with staff support often to the village which has local shops, park, library, coffee shop and church.

The chef had recently started a tuck shop which took the form of some 'traditional sweets' being offered from a trolley, with each person being able to fill a paper cup with the sweets of their choice. Around eight different sorts of sweets were on the trolley and people appeared to gain enjoyment from making their choices. Some people ate the sweets straight away, while others kept them to snack on throughout the day. One person kept a bag in their handbag ready for when their grandchildren visited at the weekend.

People we spoke with said they did not have any concerns about the service and would feel comfortable raising any issues with care workers, senior care workers and the registered manager. One person said, "I like everything. I don't think there is anything I don't like but if there was then I'd tell someone, and they would sort it." Another person said, "If I had a concern I would speak with [name of registered manager] as she is very approachable, but I don't feel I've needed to."

The complaints procedure displayed in communal areas. This included details for CQC and contact details for the local authority ombudsman. We reviewed the complaints record which showed complaints were investigated and resolved where possible to the person's satisfaction. The registered manager recorded lessons learned. For example, they had identified they could improve their inventory recording when people started using the service.

Good

Is the service well-led?

Our findings

At the last inspection the service was rated as requires improvement and we found they were in breach of three regulations which related to meeting people's nutritional needs, water temperatures, and dignity and respect. At this inspection we found they had made improvements and were no longer in breach of regulations.

The service had a registered manager who was knowledgeable about the service. Throughout the inspection they demonstrated a good understanding of their responsibilities and shared ideas of how they wanted to make further improvements.

Staff we spoke with said the registered manager led the service well. They said communication from the management team was good. One member of staff said, "We've seen a lot of improvement. The environment is slowly improving but we've made progress." Another member of staff said, "If there is anything, anything at all we go to [name of registered manager]."

Staff and the registered manager said the provider visited regularly and was in daily contact. The registered manager said they did not currently have a record of the visits but they would commence this when the provider next visited.

People who used the service and visitors spoke warmly about the registered manager. One person said, "I can't think of anything I would change. [Name of registered manager] is very good, and she addresses everything, and I feel very happy here with everything." A visiting relative said, "She is a wonderful person."

The provider and management team carried out a range of audits and checks to help make sure people were receiving a safe, quality service. For example, they had health and safety, mattress and infection control audits. These identified issues and actions required. Management weekly walkaround the buildings were carried out. At the end of September 2018 during the weekly workaround they had noted that curtains needed rehanging in one of the communal areas; this had been completed. Accidents and incidents were analysed every month to help identify patterns and trends. Where accidents occurred, we saw actions were identified to help prevent repeat events.

People were consulted and encouraged to share their experience of the service. Resident meetings were held monthly. Minutes from the meetings showed they discussed topics such as food, menus, activities and home entertainment. They also went through relevant procedures which helped keep people informed, for example in July and September 2018 they discussed fire, in July 2018 they discussed complaints and in August 2018 they discussed General Data Protection Regulation (GDPR). Age UK visited the home in July 2018 and made a presentation to 12 people.

Staff also had opportunities to share their views through regular team meetings and supervisions, and daily handovers. Staff received updates about the service which ensured they were kept informed. We saw at recent team meetings staff had discussed topics that included policies and procedures, cleanliness of the

building, care planning, activities, and contingency planning.

The provider shared with us results from a survey carried out in January 2018, which involved people who used the service, relatives and friends, staff and visiting professionals. They had scored an average of 98 percent of the highest score possible. Results were analysed and an improvement plan was developed in response to people's comments.

Providers are required by law to notify CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked records and found the service had met the requirements of this regulation.