

Elmbank Nursing Home Limited

Elmbank 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?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People continued to receive safe care. Staff have a good understanding of safeguarding procedures that should be followed to report harm and incidents of concern. Risk assessments are in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks are carried out to ensure only suitable staff worked at the service. Adequate staffing levels are in place.

Staff have training that provides them with the knowledge they need to perform their roles. The registered manager and senior carers support staff to put their training into practice.

Staff obtain people's consent before they provide care and support. Bed rails are used only if people consent to them being used to prevent them falling from their beds. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There are procedures in place for evacuating non-able-bodied people who are in imminent danger. These are risk assessed and judged to be safe. However, the service did not have purpose made evacuation sheets that are recommended for use when evacuating non-able-bodied people. After we discussed this with registered manager they ordered evacuation sheets and arranged for staff to be trained in using the equipment.

Infection control procedures are in place but not all staff are familiar with these. People's rooms and communal areas are clean. However, we saw two people using wheelchairs that were stained with dried food. Not all staff were clear who was responsible for cleaning people's wheelchairs or what the appropriate cleaning method was. After we discussed this with the registered manager added the cleaning of wheelchairs to cleaning schedules and cleaning audits.

Staff treat people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner, addressing them by their preferred name. Our observations during inspection were of positive and friendly interactions between staff and people.

People or their relatives are involved in the planning of care and contribute to decisions about how they are supported. People and their relatives are involved in reviewing their care and making any necessary changes if they want.

A process is in place which ensures people can raise any complaints or concerns. Concerns are acted upon

promptly and any necessary changes were made to care plans and communicated to staff.

The service continued to be well managed. The provider has systems in place to monitor the quality of the service. Actions are taken and improvements were made when required.

Rating at last inspection: Good (report published 24 March 2016).

About the service: Elmbank Care Home is a care home that was providing personal care to 24 older people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always 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 ●

Elmbank Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

This inspection was carried out by an inspector, an assistant inspector and an expert by experience who had experience of caring for someone who uses this type of care service.

Service and service type:

Elmbank Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 35 people in one purpose built building. At the time of our visit there were 24 people using the service.

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.

Notice of inspection:

This inspection was unannounced and took place on 27 November 2018.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service and asked for their feedback.

During the inspection, we spoke with ten people who used the service and one relative of a person using the service. We also spoke with the registered manager, four care staff, the cook and two visiting health professionals.

We looked at the care records of three people who used the service. We observed how people were supported with their lunch-time meal and observed staff interactions with people throughout the day. The registered manager guided us throughout the premises. We also looked at records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training, and how the provider maintained the premises were maintained, including fire safety.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes

- Fire evacuation procedures and a fire risk assessment were in place to keep people safe in the event of a fire. There were procedures in place for evacuating non-able-bodied people who were in imminent danger. The local fire and rescue service had no concerns about fire safety at Elmbank Care Home. However, we discussed with the registered manager how improvements could be made by having purpose made evacuation sheets to minimise the risks of injury to non-able-bodied people in the event of a fire evacuation. After we discussed this with registered manager they ordered evacuation sheets and arranged for staff to be trained in using them. The training was scheduled for 21 December 2018.

- Safe care continued to be delivered at the service. A person said, "It's a nice place and I'm safe here. Staff come quickly if I need them" and a relative of another person told us, "[Person] has never fallen. I've certainly not seen any abusive behaviour by staff. They are very patient." All the people we spoke with told us they felt safe when they were supported by staff with their personal care.

- Safeguarding investigations were carried out when required, and lessons learned were shared with the staff team. For example, after an incident between two people, the registered manager established why they had behaved towards each other the way they had. Their care plans and risk assessments were reviewed so that staff could identify signs when the people were anxious and make early interventions to support the people to be calm.

- The registered manager and the staff understood and told us about their responsibilities to protect people's safety. All the staff we spoke with understood how to report safeguarding concerns, and had trust in the management team to follow up concerns appropriately.

Assessing risk, safety monitoring and management

- Risk assessments were in place to document risks present in people's lives. For example, the risks of pressure sores developing, the safe moving and handling of people, and any healthcare requirements people might have.

- When one person was assessed as being at risk of developing pressure sores, we saw that an appropriate assessment was in place, and that staff regularly supported the person to maintain healthy skin. This involved the use of pressure mattresses, regular checks and turns, and input from health professionals.

Staffing levels

- There were enough staff on to safely support people. Rotas showed that there were consistently enough staff on duty. A person told us, "Yes, there are enough staff including at weekends." Staff told us that they

felt there were enough staff and that they worked well as a team to cover busy times such as when people were supported to wash and dress in the mornings and at meal times.

- We observed that a person waited seven minutes for staff to respond when they used their call alarm. Two people told us that they had once waited up to 25 minutes before staff responded. Other people told us that staff responded "quickly". We spoke about this with the registered manager who told us that they would implement a standard where maximum time people would wait would be 10 minutes and reducing to five. They told us they would monitor response times.

- The provider had safe staff recruitment checks in place. They carried out checks to make sure staff had the right character and experience for the role.

Using medicines safely

- People continued to receive their medicines as prescribed. People described how they were supported with their medicines. Their descriptions were consistent with the guidance in their care plans. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People were happy that they received their medicine on time, and as they wanted.

- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- People were protected against the spread of infection. When there had been outbreaks of infection at the home during in January 2018, actions were taken to limit the spread of infection in line with the guidance. However, not all staff were clear who was responsible for cleaning people's wheelchairs or what the appropriate cleaning method was. One staff member told us the thought that "baby wipes" were sufficient; another told us there was a specific cleaning solution for the task. After we discussed this with the registered manager they added the cleaning of wheelchairs to cleaning schedules and cleaning audits.

- People told us that staff wore personal protective equipment that reduced the risk of cross infection. A person told us, "The staff wear gloves" and another said, "Staff keep their hands clean when they help me."

Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents to identify any learning which may help to prevent a reoccurrence. For example, they acted to ensure staff a person was supported with personal care in the mornings after they learnt that staff had misinterpreted the person's morning routines. They treated incidents as a learning opportunities for staff. Learning was discussed in team meetings and supervision meetings and staff were open to feedback and ways to improve care.

Is the service effective?

Our findings

Effective – this means 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.

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

- People's care needs were assessed before they came to the service. This ensured that effective care was provided to them.

- People's diverse needs were detailed in their care plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices, diet and gender preferences for staff support. For example, a person was supported to follow their faith and their room had religious images that were important to them. Another person said, "The church comes every Sunday and I go to the service."

- Staff had a good knowledge about people's preferences, likes and dislikes.

Staff skills, knowledge and experience

- All the staff had received the training they needed to effectively do their jobs. The registered manager and senior care workers supervised staff and monitored their competency. Supervision meetings were used to discuss any concerns. Staff told us that they could seek advice and support from senior staff at any time, and were comfortable to do so.

- The staff we spoke with were happy that the training was of a good quality, and gave them confidence in their roles. Training records confirmed that all staff were regularly completing the necessary training. A staff member told us, "There is always some kind of training going on."

- People and relatives told us that staff had the right skills and knowledge to be able to support them. A relative said, "I see the carers use interpersonal skills with people. They are professional and competent 24 hours a day."

- Two health and social care professionals spoke in complimentary terms about the staff. One said, "Communication has always been very good. Evidence has been provided in documentation and the care plan. They always make time for my reviews, families are involved."

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to maintain a healthy diet. The cook was aware of people's dietary needs and preferences. People had meals that met their cultural needs. We saw feedback from a relative that their family member's appetite had improved since they came to Elmbank Care Home. People had a choice of meals and the cook made meals or snacks on request.

- We saw that people were provided with drinks of their choice throughout the day.
- Care plans recorded people's preferences and dietary requirements. However, a person who did not want soft drinks served in a wine glass was given a drink in one. This did not upset them, but there were reasons recorded in the care plan as to why drinks should not be in a wine glass. The registered manager told us they would remind staff about what the person's care plan said about this.

Staff providing consistent, effective, timely care

- Staff continued to support people with their healthcare needs. One person told us, "They look after you if you are not well. I had a flu jab." Another person said, "I got doctor visits when I had migraines. I've also seen the dentist. My eyes get checked here in the home." Staff were attentive to changes in people's health and arranged healthcare promptly. A relative told us, "[Person] had a chest infection last week. The doctor came the next day."

Adapting service, design, decoration to meet people's needs

- People could personalise their bedrooms with their own decorations, pictures and ornaments. All the bedrooms we saw were personalised to the individual living there. A person told us, "The home is to my taste" and another said, "It's very good with nice surroundings." One person did say, "It's warm and comfortable but it could be decorated better." Our observations were that the décor of the home was faded in corridors and in two rooms. The registered manager told us that the provider had recently engaged a person to review and plan refurbishments of all the homes run by the provider. They said that the aim of the review was to make all home environments 'dementia friendly'.

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 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.

- The registered manager carried out assessments of people's mental capacity to make decisions about various aspects of their care. Records were clear when decisions had been made in people's best interests. Staff obtained people's consent before providing care. Where people gave consent, bed rails were used to prevent people falling from their bed.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful. Records confirmed this.

Is the service caring?

Our findings

Caring – this means 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

- People continued to receive support from a staff team that were friendly and caring in their approach. A person told us, "Staff know me and are caring" and another person said, "The staff are very friendly and very nice. They talk nicely to me."

- During our inspection, we saw that staff took the time to talk with people, and regularly checked if they were well. We saw that staff regularly engaged in conversation with people.

- People told us that staff supported them to do things that made them feel they mattered to staff. A person told us, "When it's your birthday, the cook makes a cake and we have party food" and another said, "The staff know what we need. We are both [religious faith]. We attend services on Sunday mornings." Another person said, "I get on well with staff and they get on well with me. They make me feel special at times."

- A few days before our inspection, staff had supported relatives of a person to organise a wedding anniversary celebration at the home. The relatives had written to staff to thank them and said that staff had gone 'above the call of duty and what we had a right to expect.'

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

- People and their families were encouraged to be involved in making decisions about care and support. Most people were not able to take an active part in reviews of their care plans, but the registered manager involved their relatives. A relative told us, "The manager talked with me last Sunday and keeps me updated." The registered manager and senior care workers reviewed care plans regularly and made changes when required. They documented relative's involvement.

- The registered manager and staff involved people in everyday decisions about their care, such as deciding what to wear and how they wanted to spend their time. A person told us, "Staff listen to what I want." People told us that the registered manager often spoke with them to check they were happy and to ask about their experience of living at Elmbank Care Home. One person said, "[The registered manager] is a very nice person. She says hello to me every day and talks about my care. I don't want to make any changes to my care."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. When relatives visited they could see their family members in their rooms. However, a relative who liked to read and listen to music with their family member told us they had no privacy to do this in the communal areas where their family member spent most of their time.

They felt they were imposing on staff if they asked them to transfer the person to their upstairs room. We discussed this with the registered manager who said they would they would look into how the relative's wishes could be met.

- We observed staff speak with people in a respectful manner, and people told us that staff always approached them with respect and dignity.

- Staff understood about confidentiality of information about people. Files and personal records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

Personalised care

- People continued to receive person centred care that met their needs. A person told us, "I'd say my care was very good. I cannot think of anything that could be improved." A relative of another person said, "[Person's care] is very good and comprehensive. It doesn't matter what time of the day it is." Two health and social care professionals who visited the home on the day of our inspection told us they had no concerns about the care and support people received. One told us, "The home really worked well.

- Most people's care plans contained personalised information about their likes, dislikes, preferences and choices. This included information about their life history, emotional wellbeing, and memories of their life and childhood. Staff understood each person's personality and history, and used their knowledge to treat people as individuals.

- People participated in a variety of recreational activities such as listening to music, singing and quizzes. People were supported with their hobbies such as knitting. We saw that table games and jigsaws had been used. There was wide selection of 'old' films for people to watch if they wanted. People watched a film musical film during our inspection and joined in with singing songs. Several people had tactile dolls which evidently gave them comfort.

- In July 2016 people participated in a five-week course to learn how to use iPads so they could find out about and rekindle memories of where they had lived and gone to school. They also learnt about hobbies they could pursue and some people had taken to gardening and pottery which they continued to pursue.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was displayed and accessible to visitors. All complaints were recorded along with the outcome of the investigation and the actions taken to resolve concerns. We saw that the registered manager had reviewed and updated a person's care plan after a relative had brought a matter of concern to their attention.

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that information, for example about the complaints procedure, was available in an easy-read format.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. People had an End of Life care plan in

place that recorded any wishes they may have in relation to their end of life care. We saw compliments from families thanking the staff for the care they have provided to family members who had died.

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

- There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

- The management staff had a clear vision and were committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the registered manager was. They told us they saw a lot of the registered manager and that they showed a genuine and caring interest in them. One person said, ""I think she has everything at her fingertips. She knows me and will come over to say hello."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had an operational plan to deliver person centred care and to continually improve the service. They had appointed a person to review the decors and layouts of their care homes. Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager had developed a plan for improvements they wanted to see. They told us that their biggest challenge was to improve the building, which dated to Victorian times. They were being supported in this by the provider.

- There were effective systems in place to monitor the quality of the service. Audits were undertaken by the registered manager which included observations of how staff interacted with and supported people. We saw that all aspects of the service were audited, including health and safety, staffing, and medication. We saw that when errors were discovered, improvements were actioned.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager positively encouraged feedback from people and staff and acted on it to continuously improve the service. At the time of our inspection the provider was analysing people's responses to a satisfaction survey.

- Staff were encouraged to take part in developments at the home during staff and supervision meetings. Staff told us that they felt comfortable about making suggestions and proposing ideas, though they told us they had not done so.

Continuous learning and improving care

- The registered manager utilised team meetings to ensure that continuous learning. Staff told us that they were comfortable in raising any issues or concerns within team meetings, and that the management were open to feedback.

- People told us that they felt that they were listened to.

- The registered manager used information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with outside agencies, for example when the iPad training was provided.

- Health and social care professionals told us that the service worked well with them. We saw from people's care records that the service worked closely with health professionals such as GPs, speech and language therapy team, and the local pharmacist who supplied people's medicines.