

Crosscrown Limited

# The Elms Residential 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

The Elms Residential Care Home provides accommodation and personal care for up to 27 older people. Twenty-five people were living at the home at the time of our inspection visit. At the last inspection, the service was rated good. At this inspection we found the service remained good in all five questions and good overall.

There was a registered manager in post. 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.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. People and their families were included in planning how they were cared for and supported. The registered manager regularly checked the premises and equipment were safe for people to use.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when their health needs changed.

People, relatives and staff felt well cared for. Staff respected people's diverse needs and interests and encouraged them to maintain their independence in accordance with their wishes and abilities. Staff were happy working at the home because the registered manager cared equally about their wellbeing and understood that happy staff made people feel happier.

The manager and staff understood people's individual needs, preferences, likes and dislikes. People were encouraged to maintain their interests and to take part in social activities in the home and in the local community. Staff knew people well and respected their privacy and dignity.

People and relatives knew the manager well and had no complaints about the service. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# The Elms 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 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.

The comprehensive inspection took place on 4 and 5 April 2017 and was unannounced. One inspector and an expert-by-experience undertook 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 visit, 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.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with nine people who lived at the home, four relatives and two visiting healthcare professionals. We spoke with three care staff, two cooks, two activities coordinators, the registered manager and the provider's area manager.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care.

SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed four staff files to check staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed management records of the checks the registered manager and area manager made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us they felt safe because they trusted staff. People said, "I feel safe, (because) staff are very good" and "I feel safe, everything makes me feel safe." A relative told us they were able to relax because they 'knew' their relation was safe. A member of staff told us, "When I started, I had to read the care plans and start conversations with people to give them trust in me." The provider's recruitment process included making all the pre-employment checks required by the regulations, and assessed the information received, to ensure staff were suitable to deliver personal care.

Staff told us they received safeguarding training, to make sure they understood the signs that might indicate a person was at risk of abuse. Staff told us they were confident any concerns they shared were responded to appropriately by the registered manager. Staff told us, "I would report any concerns to the manager. She listens and takes things seriously." The registered manager had notified us, in line with their responsibilities, when they had made a referral to the local safeguarding authority.

People told us there were enough staff to support them when they needed it and to help them maintain as much independence as possible. One person said, "If I use the buzzer, staff come straight away whatever the day or time." People's plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. The manager used the risk assessments, care plans and their knowledge of people's dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely. Staff told us, "There are always enough staff. If staff are sick, other staff cover" and, "There are enough staff and it is a good team. We haven't needed to use agency staff."

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us they had regular fire drills to remind them of the actions they should take in an emergency.

Medicines were managed and administered safely. One person told us, "Staff give my medication on time and I know what it's for. If I ask for painkillers they give them to me." A relative told us they were confident their relation received their pain relief medicine when they needed it, because they knew how their relative's mood would be different if they were in pain. Medicines were stored in a locked cupboard and trolley, or in a locked medicines fridge, in line with the manufacturer's instructions. Medicines were delivered in 'blister' packs, colour coded for the time of day, with an individual Medicines Administration Record (MAR), which minimised the risks of errors. Only trained and competent staff administered medicines.

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People told us, "Staff are really well trained" and, "Staff are trained for what I need them to do." Staff told us they had been provided with all the training they needed to be confident in their practice, because it was relevant to people's individual needs. New staff's training included coaching from experienced staff to make sure they understood people's individual needs and preferences. Staff told us they knew people well, because they worked with them regularly and shared information about any changes during the staff handover meeting when the shifts changed. Staff told us they had plenty of opportunities to discuss and reflect on their practice, because they had regular individual and team meetings with the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and registered manager understood their responsibilities under the Act, and when necessary, applications had been made to the local authority to deprive people of their liberty.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. One person said, "Staff never do anything without asking and explaining. I really can't fault them." Staff told us they had training in the MCA and understood the importance of supporting people to make their own decisions. Staff told us, "Most people can express themselves. If people cannot say, we watch and see how the person responds to staff's suggestions" and "Relatives trust us, and ask what we think is best for the person, according to our knowledge."

People told us the food was very good and they always had a choice. One person told us, "The food is absolutely brilliant, just like home cooking and there is always a choice of two meals." People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food, which was shared with the cooks. We saw people were offered hot and cold drinks and snacks throughout the day. At lunch time people were encouraged and supported to eat in the dining room, which made lunch a social occasion. The cook told us the service really was, "All about the people." They told us the kitchen was 'always open' and there were no limits to the food budget, so people really could have anything they wanted. Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition.

Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff made sure people saw their GPs to check whether the changes were a symptom of changes in their health. Staff supported people to maintain their health through regular appointments with healthcare professionals. A visiting healthcare professional told us, "Staff are always

helpful and take on board what we say. If there are any problems, they always contact us and if we ask them to do something, they do it."

## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be good. They said this was due to the registered manager's leadership, which had influenced staff's happiness and confidence.

Everyone we spoke with told us they felt really well cared for and said the staff were, "Excellent", "Fantastic" and "Brilliant." People told us, "I have never been so well cared for as I am now. I couldn't wish for anything better", "Nothing could be done better day or night" and "I've never been happier and I'm not just saying that because you are here." One relative told us, "The care is marvellous. The girls are really friendly, chatty. There's always plenty of staff and they have got time for people." A visitor told us, "Staff have time for people and people can do things at their pace."

One person told us, "This is the best I've ever been looked after. They give me anything I want." Staff told us they enjoyed working with people, because there were always enough staff to enable them to spend time with people and get to know them well. Staff told us, "People take time to get to know and trust you. They just need love and care" and "It is a person centred approach. We see the person, not their illness." We saw people smiled and joked with staff throughout our inspection visit. One member of staff came to the home on their day off and had brought their dog with them to 'visit' people, because they knew how much some people enjoyed seeing and petting dogs.

One person told us, "The lady who runs it is gorgeous, very protective towards us all." We saw people spoke with the registered manager as if they knew each other well. Staff told us the registered manager reinforced the provider's vision and values, to put people at the heart of the service, in their attitude, behaviour and approach to care. The provider's vision and values of, "Respect privacy, dignity, care, love, as for our own family", were explained to everyone in a booklet in their bedrooms. We saw and heard staff demonstrate the provider's values when they encouraged people to talk about their life stories, achievements and interests and to share their opinions and ideas. One person told us, "I can talk to any of the staff about anything." Staff told us, "I like to talk and listen and ask people about themselves" and "People can be like your parents. I ask their advice."

The provider's 'keyworker' policy, made sure that each person had a named member of staff to look after their interests, co-ordinate their care and to develop an individual relationship of trust. A member of staff told us, "You have to listen to people and they have to trust you to be successful. [Name] used to decline (personal care), but I persisted. Now they have confidence in me, they ask me for a shower." We heard people talking with staff as they would with a friend. We heard one person ask staff, "How did you enjoy your night out" and the member of staff told them as they left the dining room together.

Staff understood the importance of kind words and physical touch to comfort, reassure and encourage people to maintain as much independence as possible. Staff crouched down when talking to people and maintained eye contact with them. A member of staff told us, "You've got to be patient and keep trying, ask more questions until you understand what people want." We saw staff explained what they were doing while

they supported people and people smiled at staff and had a joke with them in response. A relative told us, "I am astonished at staff's patience. It's all about the people. [Name] has an excellent rapport with staff."

People told us staff respected their privacy and promoted their dignity thorough encouraging them to maintain their independence and have choices about their lives and lifestyles. People told us, "I get up when I want and I tell them when ready for bed", "I get up at 4 am. I'm the early bird but staff don't mind" and "Staff let me do what I can and help me if I can't do it." We saw that other people chose to get up later and were eating breakfast when we arrived at the home at 10:00 am.

People's care plans included the person's religion, culture, occupation, family and significant events. Staff were confident they could support people to maintain their individual cultural or religious traditions and understood the significance of people's beliefs. Staff told us they would be comfortable supporting people who were not heterosexual because they had training in equality, diversity and human rights. A member of staff told us, "We show the same level of respect whatever people tell us. We are non-judgemental and allow people privacy, to promote their confidence in us."

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People and relatives told us staff treated them as individuals and their care was planned to take account of their preferences. People told us, "They get to know you and what you like and dislike" and "Staff definitely know me." Relatives told us, "[Name] is happy here. There are no shortcomings in their care." People's care plans included their likes, dislikes, preferences and interests, which were identified at the initial assessment of needs. They included people's religious and cultural beliefs, values and needs. A member of staff told us, "Everyone is different and we give them the care they need, whatever their colour or creed. It helps to support the person to be an individual."

A relative told us, "We always know what is going on. All the staff always know how [Name] has been. They do daily notes and share information effectively." Staff kept daily records of how people were and how they spent their day and shared information with the manager and people's families. When changes in people's needs or abilities were identified, their care plans were updated. The manager reviewed everyone's care plan every month to make sure their needs were met. People were invited to regular meetings to make sure they had the opportunity to make their preferences and choices about the housekeeping, meals and social activities known

We saw staff had time to spend talking with people about their interests, past events and plans for future events at the home. Staff encouraged people to maintain their interests and socialise with others. A relative told us, "There are lots of activities. The activities coordinators are brilliant." Along the corridors in the home, there were photos of people enjoying themselves at seasonal and cultural events at home and in the local community, such as Burn's night, Saint Valentine's and Saint Patrick's Day and at regular pub lunches. There were signs up to remind people that local school children were visiting later in the week to take part in an Easter egg hunt in the garden.

People told us they had planted seeds in the greenhouse and were looking forward to 'better weather', when they would spend more time in the garden. An activity co-ordinator spoke enthusiastically about being part of the local community with people attending the local church, links with the local primary school, attending the community centre for coffee mornings or just having a walk to the local shop to pick up a paper or scratch card or to the local pub for a lime and soda.

People told us, "I enjoy it when school children come", "I love coffee mornings with the locals. There is so much going on, we have invited them to come here at the end of the month" and "The visit to the local pub was great and we are due to go again and we have trips planned for the summer." During the morning of our inspection visit some people went out to the weekly coffee morning at the local community centre and in the afternoon, a group of people were making Easter bonnets and cards. Other people played dominoes with staff or entertained themselves with art and craft work. One person told us, "I knit, sew and colour, I knitted socks for all the staff at Christmas. I don't think I missed anyone."

People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. People and relatives told us, "I'd tell them if I had anything to complain about, but I don't" and "If I or my family had a complaint, I feel the manager would listen." The provider's complaints policy was explained in a poster in entrance hall, along with a comments book, and the names and photos of all the staff. This gave people and relatives an understanding of staff's responsibilities and encouraged them to make their views known. There were only positive comments in the comments book, such as, "Always friendly staff, great, very well run home."

# Is the service well-led?

## Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be good.

In January 2017, the registered manager had conducted a survey of people, relatives and healthcare professionals, to obtain their views of the quality of the service. Everyone had said they were happy with the staff, the food and the premises, and felt involved and well cared for. Everyone who had responded to the survey said they were satisfied with the service, and 92% of people who lived at the home had said they were 'very satisfied'.

The home was well-led. The registered manager and staff shared the provider's values to put people at the heart of the service. A relative told us, "I am very happy with the care. It's always a worry when you know you are heading to residential care, but I am so pleased we chose here. I am very happy." Visitors told us, "Everyone is so good, it must be from the top down" and "It is the best home I've been in. It has a really, really good feel about it, an open atmosphere and feels inclusive." Everyone told us the manager was 'visible' and approachable and said the home had a very welcoming atmosphere. People told us, "It is a lovely place" and "The manager is brilliant. I am so happy here, I would certainly recommend it to anybody."

The manager had been new in post at our previous inspection visit and had registered with us just after our inspection, two years ago. They understood their legal responsibilities and sent us statutory notifications about important events at the home. 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.

Staff told us they liked working at the home and felt well supported by the manager and provider. Staff told us they had come to know the registered manager well since our previous inspection. Staff trusted the registered manager and felt empowered by their professional and caring leadership, which motivated them and gave them confidence in their practice. Staff told us, since the registered manager had been appointed, people's care was managed 'more professionally'. They told us, for example, "There are more GP, nurse and hospital visits. It is because the registered manager is pro-active. They are straight onto any changes. We don't just 'observe' we call in healthcare professionals and observe."

Staff told us the culture of 'feeling cared for' included staff, because the manager took a genuine interest in staff's welfare. Staff told us, "[Name] is a really good manager. They are really helpful to me. I am happy here" and "The people and the staff matter to the manager. That's why it is so happy here." The registered manager told us, "I empower staff so they are confident to act in my absence. I praise them too and tell them when they do well. When they are happy in their work, so are the residents."

Staff told us they had regular opportunities to talk about their practice and personal development at team and individual meetings with the manager. Staff told us, "Everything is planned. The manager is very

organised" and "The manager is always available. They say "I'm just a phone call away. Just call me'." The registered manager and staff told us the area manager was equally approachable and provided support and advice on the phone or in person when needed. The registered manager told us, "I see a lot of [Name of area manager]. I feel like we have a good relationship. They are always there for me. They are all about the people and the company." The registered manager had recently introduced a new method of 'staff supervision', which involved sitting quietly in a lounge, observing how people responded to staff's delivery of care and staff's engagement with the individual. They anticipated observing the detail of staff's practice would enable them to improve the care and support people received.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. The registered manager told us the area manager and external professionals made regular quality monitoring visits to the home. Staff understood the importance of making their own quality checks at the start of each shift and for sharing information effectively to ensure a continuity of care. A member of staff told us, "At handover, I do a safety check of each room with staff, before I attend handover with night staff."