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

Overall summary

We inspected this service on 18 and 19 November 2014. The inspection was unannounced. At our previous inspection in November 2013, the service was meeting the regulations that we checked.

The service provided accommodation and personal care for up to 27 older people who may have dementia.

Twenty people were living at the home on the day of our inspection. There was no registered manager in post at the time of our inspection, however, the newly appointed manager planned to register with us straight away.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 who lived at the home told us they felt safe and were happy living at the home. The manager and staff understood their responsibilities to protect people from harm.

The manager assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. Staff had a good understanding of people's needs and abilities because they read their care plans and had time to get to know them well. The number of staff on duty was sufficient to meet people's physical and social needs.

The provider had appropriate policies and procedures in place to minimise risks to people's safety. The provider checked that the premises were well maintained and equipment was regularly serviced. Staff received appropriate training to make sure people's medicines were stored, administered and disposed of safely.

Staff received training that was appropriate to meet people's needs and had opportunities to reflect on their practice and learn from other staff.

People told us they liked the staff and made their own decisions about their care and support. We saw staff offered people a choice in how they spent their day and what they would like to eat. Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for their individual dietary requirements.

People were supported to maintain good health and accessed the services of other health professionals. People told us they saw doctors, dentists and opticians when they needed to.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one was under a DoLS at the time of our inspection. For people who were assessed as not having capacity, records showed that their families and other health professionals were involved in discussions about who should make decisions in their best interests.

Everyone we spoke with told us staff were kind and caring. We saw people were relaxed and chatted easily with staff. Staff understood people's individual needs and abilities. Staff reassured and encouraged people in a way that respected their dignity and promoted their independence.

Staff took the time to get to know people and encouraged them to maintain their interests and try new hobbies. People's art and craft work was displayed around the lounge so they could take pride in their achievements.

People and their relatives were involved in planning and agreeing how they were cared for and supported. The care we observed matched the information on people's care plans.

The provider's quality monitoring system included regular checks of people's care plans, the premises, equipment and staff's practice, to make sure people received care and support safely. Accidents, incidents and falls were investigated and actions taken to minimise the risks of a re-occurrence. People who lived at the home and their relatives were supported and encouraged to share their opinions about the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibilities to keep people safe from harm. Staff were confident any concerns they raised would be listened to and appropriate action taken if necessary.

Risks to people's health and welfare were identified and their care plans described the actions staff should take to minimise their identified risks. Staff were recruited safely and there were sufficient staff to support people safely.

There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises, equipment and medicines.

Good

Is the service effective?
The service was effective.

People were cared for and supported by suitably skilled and experienced staff. Staff received training, support and guidance appropriate for people's needs.

People were supported and encouraged to maintain an adequate diet to minimise risks to their nutrition. People had a choice of meals.

People were supported to maintain good health and to access other healthcare services when they needed them.

Good

Is the service caring?
The service was caring.

Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported.

People and their named representatives were involved in discussions about how they were cared for and supported.

Staff respected people's privacy and independence and were compassionate in their interactions with people.

Good

Is the service responsive?
The service was responsive.

People's care plans were regularly reviewed and updated when changes in their individual needs or abilities were identified.

People were confident any complaints would be responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their relatives and was understood by the staff.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People were encouraged to share their opinion about the quality of the service, to enable the provider to make any improvements that people wanted.

Care staff were confident in their practice because they were given guidance and support from senior staff. The manager and staff had regular opportunities to reflect on their practice and learn from other staff and managers in the provider's group of homes.

The provider's quality monitoring system identified risks to people's health and welfare. The manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

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 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.

The inspection was undertaken on 18 and 19 November 2014 by one inspector and was unannounced.

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.

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 our inspection we spoke with eight people who lived at the home and three relatives. We spoke with the manager, the operations manager, a senior member of care staff, three care assistants, two support workers and two cooks. We spoke with a visiting health professional who was at the home on the day of our inspection. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

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

Good

Is the service safe?

Our findings

All of the eight people we spoke with told us they felt safe at the home. A relative told us they were pleased their relative had chosen to stay at the home, because they would be, "Safe here." We saw that people were relaxed with staff and spoke confidently with them, which showed people trusted the staff.

All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Records we looked at showed that all staff attended safeguarding training and learnt about the whistleblowing policy during their induction.

Staff we spoke with told us they were aware of the signs to look out for that might mean a person was at risk of harm. A member of care staff told us, "If they were withdrawn, or had a bruise, I would write down my concerns and share them with the senior or manager." Staff told us they were confident any concerns were taken seriously and appropriate action would be taken. The manager knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse.

In the care plans we looked at we saw the manager assessed risks to people's health and wellbeing. Where risks were identified the care plan described how care staff should minimise the identified risk. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Care staff told us they had all the equipment they needed to assist people, and that the equipment was well maintained. Care staff were able to describe the particular type of equipment needed for each person by name. A member of care staff told us, "We have a book which lists all the equipment we use and the date of maintenance checks." Staff told us the provider was proactive in maintaining and replacing equipment. This meant the manager took action to minimise risks to people's safety related to equipment.

The operations manager showed us their register of risks related to the premises and equipment. We saw they identified the hazard, assessed the likelihood of risks arising and the potential impact on people and the service. They had recorded the measures already in place and additional actions to take to minimise the identified risks. We saw the actions included a planned programme of checks, servicing and maintenance arrangements for fire alarm systems, water systems and temperatures and call bells. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

People we spoke with told us there were enough staff. The care plans we looked at included a dependency needs profile which enabled the manager to calculate how many staff were needed to support people according to their needs. Care staff we spoke with confirmed there were always enough staff to support people with their physical and social needs. A member of care staff told us, "I have never been on duty without enough staff." We saw care staff were in attendance in the communal areas throughout our inspection and they were proactive in supporting and engaging people who chose to spend time in their own room.

A member of care staff told us that they had applied for the post, attended an interview and said, "The manager checked my DBS form, before I started work at the home". The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions. The three staff files we looked at showed the manager checked staff's suitability to deliver personal care before staff started work. This meant that staff were recruited suitably which minimised risks to people's safety.

A senior member of care staff showed us the arrangements in place for the administration of medicines. We saw that medicines were kept securely in a locked trolley or in a locked cupboard. Staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management. We looked at the medicines administration records (MAR) for two people who lived at the home. We saw staff had signed to say medicines were administered in accordance with people's prescriptions. Records showed that all the signatures were of senior care staff, who had received the appropriate training.

Staff kept a stock balance of the amount of medicines received and administered so they knew exactly how much medicine was in the home. We saw that two staff signed all the controlled drugs' records, in accordance with best practice. The senior care staff conducted regular checks of medicines to make sure the quantity of medicines available matched the records staff made. Staff told us that their pharmacist audited the medicines every year to make sure the medicines were stored, administered and disposed of

Good

Is the service safe?

safely and that staff kept accurate records of when medicines were administered. This meant there were appropriate arrangements in place to minimise the risks associated with medicines.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were good and offered their support when they needed it. People told us, "The staff are nice" and "Staff know what they are doing." A relative told us the home was the best place their relation could be because it provided all the support they needed. The relative told us, "[Name] is well looked after."

The manager told us they had scheduled one-to-one supervision meetings for all the staff to get to know them individually. They said supervision meetings were an opportunity to identify, "Their concerns, my concerns, training needs, future plans and staff development." Seven out of 22 staff had a qualification in health and social care. The manager told us that all the staff would be encouraged and supported to obtain this qualification. This meant people received care from staff who were supported to be effective in their role.

Care staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff, because," New staff need to get to know people, before they work with them." Staff told us they had training to meet people's needs. Two care staff told us, "I was on probation for three months" and "I felt confident after my training." Care staff we spoke with understood people's needs and abilities. We found staff's descriptions of how they cared for and supported people matched what we read in their care plans.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had trained their staff in understanding the requirements of the Mental Capacity Act. There was a poster in the hallway to remind people and relatives they could access an advocate if they needed support with decision making. An advocate is an independent person who is appointed to support a person to make and communicate their decisions.

Care plans we looked at included a mental capacity assessment. For one person who was assessed as not having capacity, we saw the person's GP and next of kin had discussed and agreed who should make decisions in the person's best interest, in accordance with the Act. People we spoke with told us they made their own decisions about their everyday living. One person told us, "I get up when I like and I go to bed when I like." A member of care staff told us, "Everyone manages to let me know their wishes." This meant staff had a clear understanding of the requirements of the MCA and respected people's rights to make their own decisions.

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. In the care plans we looked at, we saw the manager completed a DoLS assessment to make sure the care and support that was planned did not amount to a deprivation of a person's liberty. No one was deprived of their liberty or was under a DoLS at the time of our inspection. This meant the manager understood their responsibility to comply with the requirements of the Act.

People we spoke with told us the meals were good and included their favourite foods. At lunchtime we saw people were offered a choice of meals and drinks. We saw there were enough staff to support people if they needed assistance. Staff were attentive and made sure the person had time to savour and enjoy their meal. A member of staff told us, "You need to chat with them, to encourage them to eat."

The care plans we looked at included an assessment of the person's nutritional risks. For one person who was assessed as at risk of poor nutrition, we saw their care plan included monitoring their weight and their food and fluid intake. We saw a whiteboard in the kitchen that detailed people's dietary requirements and allergies which ensured people were offered a diet according to their needs. The cooks we spoke with were knowledgeable about people's individual needs and explained how they amended the menu to minimise risks to people's nutrition. One cook told us, "We adapt the menu for people on soft diets, fresh fish instead of scampi for example" and "[Name] is on a diabetic diet, which means a small cake and fresh fruit, not sweet puddings."

A cook told us, "There is a four week rota for menus, but now we have a new cook, we are trying new things like curries, chillies and roast squash" and "There is no limit to the food budget, we buy whatever people want." We saw the larder and freezers were clean, organised and well stocked. The food safety standards folder included up-to-date records of the fridge, freezer and cooked food temperature checks.

Good

Is the service effective?

People told us staff made sure they saw a doctor, dentist or optician when they needed to. One person told us, “I’m not getting on with my glasses. Staff will ask the optician to call. He comes here when I need him.” Another person said, “They get the GP when I need him.”

Care plans we looked at included records of visits and advice from other health professionals, such as dieticians, GPs and dentists. A member of care staff told us there was a list in the office of everyone’s GPs, so they knew who to contact if a person was unwell. They said they kept a diary for when people’s medicines were due to be reviewed, for example, to make sure people’s GPs regularly checked that their medicines were appropriate.

A visiting health professional told us they visited one person every day and other people according to their health needs. They told us staff listened to their professional judgement, and followed their advice and kept good records of the actions they took. The health professional told us they had no concerns about people’s health because staff asked them to visit people appropriately.

Good

Is the service caring?

Our findings

People we spoke with told us they enjoyed living at the home. One person told us, “My room is nice. I have my things here.” A relative told us their relation had very soon settled into living at the home because they felt welcomed. The relative told us, “[Name] is happy here. Really happy here.”

We saw staff treated people with kindness and compassion. People appeared to enjoy staff’s company and were relaxed in talking with them about their previous lives. Two people we spoke with showed us some photographs that staff had taken of their wedding anniversary celebrations at the home. A member of care staff told us, “We treat them like our own family. That could be my own grandparent.” Relatives we spoke with told us they could visit at any time and always felt welcome.

People we spoke with told us they were involved in deciding how they were cared for and supported. Care plans we looked at included information about people’s previous lives, likes, dislikes and preferences. We saw that care planning risk assessments included the question, ‘what does the person think?’ This ensured people were involved in discussions about how they would like to be supported. A member of care staff told us if they weren’t sure they could ask the person or their families, “What they like or don’t like.” The member of care staff told us, “We just make sure they are happy.”

A poster in the hallway explained that the provider had signed up to the dementia pledge meaning employers and staff were trained in dementia awareness. Care plans we looked at included a dementia assessment which recorded the person’s current values, beliefs and feelings. This ensured that people were cared for and supported according to how they felt currently, rather than how they had felt at an earlier time in their life.

We saw there were cuttings from old newspapers posted along the hallway to stimulate people’s memories. A member of support staff told us they planned to create a reminiscence corner which would encourage people to talk about their past lives and experiences. The support worker told us they were excited about this project because it would have a positive impact on people’s wellbeing.

A member of care staff told us that everyone who currently lived at the home was able to understand verbal or written information, but they had previously used pictures to communicate ideas with people. A member of care staff told us that once they got to know people they could tell by their facial expression and body language whether the person was happy with the care they were offered.

Care staff we spoke with told us they encouraged people to remain in charge of their life to maintain their sense of self and independence. One member of care staff told us, “I check the rooms at 7:15am to see who is awake and who would like to get up” and “If they are asleep, I leave them asleep and go back later.” Another member of care staff told us, “Care staff really respect people and promote their independence. It’s better they do whatever they can do for themselves. We are still there for them. We listen and we take time and don’t rush them.” Throughout our visit, we saw staff encouraging people to make their own decisions and move around independently. This meant people’s independence was promoted.

Good

Is the service responsive?

Our findings

Two people we spoke with told us they were happy just watching other people and did not want to do anything in particular that day. We saw one person went out independently to buy their newspaper. A member of care staff told us they did this every day. Relatives we spoke with told us staff encouraged them to visit their relation as often as they liked.

Care staff told us they knew about people's preferences, hobbies and interests because they read their care plans and chatted with people. The care plans we looked at included information about people's life history, interests, religious and cultural preferences. Care staff told us, "People enjoy chatting" and "We have loads of visitors and we get to know people's families."

Staff kept a written and photographic record of people pursuing their interests and the events they celebrated. We saw people used the photographs to remind them of occasions they had enjoyed. We saw a display of artwork around the lounge. Each piece had the artist's name on a label, which encouraged them to take pride in their skills.

During our inspection we saw people and staff in conversations, playing cards, word games and board games together and one person was singing along to the music in the lounge. Staff were observant and recognised whether people were actively involved or tiring, and responded appropriately. A member of support staff told us that a game of word search, made up of food words, encouraged lots of conversations about shopping and cooking, which people enjoyed.

They told us another benefit was that it helped people to identify their food preferences, that they may not have been able to express otherwise.

Care plans we looked at included an assessment of the person's sociability and communication. The plans included the actions staff should take to maximise the person's level of contentment. For one person who was assessed as, "Sociable. Does not like to be on their own", we asked staff how they ensured the person was supported effectively. A member of care staff told us, "[Name] is resting in bed at the moment, but we help them into the chair and bring them downstairs for meals." We observed the person was supported to have lunch with others in the dining room. During the afternoon the person spent time in the lounge where staff encouraged them to take an interest in their surroundings. This showed people received care and support appropriate to their individual needs.

We saw staff kept daily records of how people were and how they spent their day and shared information during the shift handover meeting. A member of care staff told us it was important to know whether people ate and drank well, whether they needed to see a doctor and whether they had bathed or showered that day. They told us this knowledge assisted their understanding of the person and how to support them during their shift.

Care plans were regularly reviewed, which meant the manager and staff knew when their needs and abilities changed. A member of care staff told us, "We tell the families when reviews are booked." Care staff we spoke with were able to describe how one person's needs had increased recently and how they had changed the support they delivered. Relatives told us they felt well informed about their relations' lives and welfare.

The provider's information return stated they had not received any complaints in the previous 12 months. People we spoke with did not have any complaints about the service. One person told us, "I have no concerns. I am well looked after." The operations manager told us no written complaints had been received. We saw there was a copy of the complaints policy and procedure in the hallway and in the service user guide in people's bedrooms. A member of care staff told us, "I know about the complaints policy. If I heard about a complaint I would report it to the manager." We saw nine 'thank you' cards posted in the hallway where people could read what others thought about the service. This meant the provider's complaints policy was accessible and people were encouraged to express their opinion about the service.

Good

Is the service well-led?

Our findings

The provider's quality assurance system included an annual survey of people who lived at the home, their relatives and visiting health professionals. The results of the most recent survey were posted in the front hall where everyone could read them. An accompanying letter included the positive and negative comments people made, which demonstrated the open culture of the service. The provider had taken action to improve people's level of satisfaction with the service. For example, people and relatives we spoke with told us they had been concerned that there had not been a registered manager in place for some months. They were pleased the home had succeeded in recruiting a new manager. One person told us the manager was, "Very nice."

We found the provider's vision and values were clearly expressed in the booklet that was placed in everyone's bedroom. The guide explained people's rights and the provider's values, which included, "Respect privacy, dignity, care, love .. as for our own family." Throughout our inspection we saw that staff's behaviour upheld these values. Care staff we spoke with told us their objective was to support people to live the lives they wanted to live. One member of care staff told us, "Our greatest achievement is when people are happy" and "Whatever they need, they get."

The operations manager told us their most recent challenge had been to recruit a manager who shared the provider's values to ensure people received care and support in accordance with the provider's vision. They told us they were confident the manager's knowledge and experience would be valuable in ensuring that the service was developed to meet people's individual needs. The operations manager had kept us informed throughout the recruitment process and had continued to send us statutory notifications in accordance with the regulations. This meant they understood the provider's legal responsibilities.

Staff told us they trusted the judgement of the senior staff, the manager and the operations manager, because they were, "Constant." They told us the operations manager came to the home every day while the new manager was being recruited and made sure they were available to support staff. We saw that people who lived at the home greeted the operations manager like a friend, which showed people knew and trusted them.

Staff told us they were pleased to have a new manager who spent time getting to know people and supporting staff. Staff told us they felt well led because they received training and guidance and understood their responsibilities. Three care staff told us, "I felt welcome and I get on well with the staff" and "I am happy to work here. I am enjoying the job" and "I love this job. I love to take care of people."

All staff had opportunities to discuss their practice and share ideas outside of their daily routine. Team meetings took place every month and staff training was arranged for staff across all the homes in the provider's group. The manager attended monthly managers' meetings with other managers in the group. The operations manager regularly accessed the CQC website and was knowledgeable about the changes in the regulatory inspection regime. The provider was a member of a local association for care home providers, which meant they kept up to date with changes in the industry. This meant all staff had access to ideas and opportunities to learn from others to improve their practice.

Care plan reviews and people's dependency profiles were regularly reviewed and updated. This meant the manager could regularly check that the number of staff on duty was enough to support people according to their needs and abilities. A senior member of care staff told us they had time to fulfil their responsibilities. For example, on the day medicines were delivered, extra staff were on duty to make sure the senior had the time, and an appropriate, separate room to check the delivery was complete and accurate without distraction. This meant the provider ensured there were sufficient resources to maintain the quality of the service.

The operations manager analysed accidents, incidents and falls to identify any patterns. We saw that when a pattern was identified the operations manager had taken action to minimise the risks of a re-occurrence. For example, one person was identified as having fallen several times in their room, so the operations manager had obtained a sensor mat. The sensor mat alerted staff when the person moved from their bed, so they could take immediate action to minimise risks for the person.

Good

Is the service well-led?

We found the manager followed the provider's monthly audit schedule to check that people received the care they needed. We saw the results of the manager's recent audit of care plans, of the premises, equipment and of staff records. We saw the checks included ad-hoc observations of, and conversations with, staff to check their understanding of their responsibilities. Where issues were identified, the operations manager had a conversation with the responsible member of staff to ensure changes were made when needed. This meant the provider took appropriate action to minimise risks to people's health and welfare and provide high quality care.