

The Worthies Residential Care Home Limited

The Elms

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Elms is a residential care home without nursing and provides care and support for up to 22 older people. On the day of our inspection there were 22 people living in the home. There were 20 single occupancy bedrooms and one shared room.

People's experience of using this service:

Risks to people's health, safety and wellbeing were assessed. Support plans were put in place to ensure these were reduced as much as possible. People were protected from potential abuse by staff who had received training and were confident in raising concerns.

There was a thorough recruitment process in place that checked potential staff were safe to work with people living at The Elms. Staff were provided with the training, supervision and support they needed to care for people.

People received care, which met their needs. Guidance was in place to support people consistently and in the way, they wanted. Care plans were informative. People had access to other health care professionals when they needed it.

People were supported to pursue their interests and hobbies, and social activities were offered. Staff went the extra mile to support people meeting their aspirations. People were provided with food and drink to maintain their health.

Staff knew people well. They were caring and showed compassion in their approach. People and their relatives expressed their satisfaction with the care. People felt confident to talk about any concerns that they may have.

The service was well led. There were suitable quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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

Why we inspected: This was a planned inspection based on the rating from 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Elms

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The service had two managers that were 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. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 24 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection in October 2016. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with seven people, four relatives and a health care professional. People looked relaxed and comfortable with the staff who supported them. We spoke with three care staff, the

registered managers and the provider. We received feedback from two professionals prior to our inspection. You can see what they told us in the main body of the report.

We reviewed a range of records. These included two people's care and medication records. We also looked at two staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and, training and supervision for the all staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff showed a good awareness of keeping people safe. They had received safeguarding training and were confident the management of the service would do the right thing. They were aware they could whistle blow to the senior management team and the provider.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Concerns and allegations were acted on to make sure people were protected from harm.
- People told us they felt safe when being supported by the staff. Comments included, "They are so kind", and "They are very gentle with me and nothing is too much trouble". Relatives confirmed their loved one was safe. On relative told us how staff always used positive distraction when they left as their mum used to get upset at this time. They confirmed because of the staff support this had been greatly reduced.
- Staff intervened when one person was becoming agitated. They were prompt and defused the situation before anyone else was involved. Staff calmed the situation and invited the person to go for a walk as a means of relaxation. We were told there was always a member of staff present in the lounge area to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and guidance in place to keep people safe.
- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe. These had been kept under review and amended as people's needs had changed.
- Where people required assistance with moving and handling, the equipment to be used was clearly described, along with how many staff should support the person to ensure their safety.
- Staff confirmed they received training in safe moving and handling procedures. We observed staff assisting people safely when being transferred.
- Technology was used to help keep people safe such as the use of sensors, where a person was at risk of falls. A sensor was in place at the foot of the stairs, so staff could support people and reduce the risks of falls. People were encouraged to use the lift rather than the stairs. Documentation was in place on their use to protect the rights of people.
- Staff understood the risks to people and knew the actions to take to keep people safe.
- The environment was safe and well maintained. Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.

- External contractors completed checks on equipment to help people with mobility.
- The environment showed evidence of being designed to keep people safe. For example, windows had opening restrictors, radiators were either low heat or had been covered and checks were completed on water temperatures.

Staffing and recruitment

- Safe recruitment processes were in place to ensure suitable staff were employed.
- Staffing levels were planned and organised in a flexible way to support people with their daily needs and for additional activities and appointments outside of the home. The registered manager told us staffing had recently been increased in the evenings from two to three staff due to the changing needs of people and to ensure their safety.
- Staff confirmed there was sufficient numbers of staff to support people. They spent time engaged in activities and talking to people.
- People and their relatives confirmed there was sufficient staff. A relative told us, "I have never worried about mum being unsafe here. The staff are always nearby the residents and they never use agency staff. The staff are good at helping each other if they are ill".
- People confirmed their call bells were answered promptly. Some people who had chosen to sit in their bedroom we noted their call bell was not in easy reach. However, staff were regularly checking people in their bedrooms and offering drinks and snacks.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff completed training in medicines administration and their competency and knowledge was checked. A member of staff told us that the pharmacist had given additional training when a new system had recently been introduced.
- People's medicines were regularly reviewed by the GP and the nurse practitioner.
- Feedback from the medicines provider was positive. They told us there was good communication and any concerns addressed promptly. Ordering of medicines was completed in a timely manner.
- We noted that medicines were regularly returned at the end of the month to the pharmacy such as pain relieve. The registered manager told us this was because medicines were sent when these had not been requested. The registered manager said they would discuss this with the GP prescriber or by the pharmacist. We recommended this practice be reviewed to ensure this was not wasteful.

Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- The home was clean and odour free. Cleaning schedules were in place. Daily checks were completed to ensure all parts of the home were clean and tidy.

Learning lessons when things go wrong

- Staff completed accidents and incident records, and these were reviewed to consider if lessons could be learnt to reduce further risks.
- Monthly falls audits were completed to ensure appropriate action had been taken to address any further risks. Where a person was at risk of falls referrals had been made to other health professionals including the falls clinic.

Is the service effective?

Our findings

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

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

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the person's plan of care.
- Six monthly reviews were taking place to ensure the support people received was effective. Meetings were held with the person, their relative and where relevant the placing authority.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- Staff confirmed they received the training they needed to support people effectively. One member of staff told us the management were supportive with training. They said all staff were in the process of completing training on diabetes and the management of pressure ulcer prevention.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.
- People and their relatives spoke positively about staff and their knowledge and understanding of the people they supported.

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

- People were supported to eat and drink enough and maintain a balanced diet. During mealtimes people were offered a choice of different meals, through a menu and a visual choice.
- Information was available to the catering staff on people's dietary requirements and where people required a specialist diet, for example, when a person required foods of a softer texture due to swallowing difficulties or due to a medical condition.
- The service promoted healthy eating and monitored people's weight where appropriate. Staff sought advice from health professionals such as speech and language therapists or the person's GP to ensure people's individual needs were met. This ensured that people received the right support to manage their health and wellbeing.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us a nurse practitioner visited weekly from the local GP practice and had built good relationships with people, staff and the management of the service.
- District nurses visited the home to provide support with any nursing care needs such as wound care

management or medicines for diabetes.

- Feedback from a health and social care professional was positive. They told us staff were prompt in making referrals and acting on their advice. They said they had no concerns about the support that was in place.
- Staff communicated effectively with each other. There were systems in place, such as daily records and handover meetings, to share information among staff. Staff knew what was happening in people's lives and knew when changes had occurred.

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

- The environment met the needs of people who used the service. Corridors and doorways were wide, and people could use their wheelchairs and mobility aids to access areas around the home. There was a lift to the first floor.
- Signs and symbols were used around the home to help people with memory loss to find their way around. There was a picture on people's bedroom doors to help them to recognise their room if this was required.
- People had personalised their rooms with pictures and personal items. Soft furnishing such as bedding was co-ordinated and matched their curtains. Each room was styled differently.
- We saw that the dining area was fairly congested when everyone was sat down. Some people were unable to leave the table as their pathway was not sufficient for them and their mobility aid to manoeuvre. This was discussed with the registered manager who explained people liked to sit in certain seats. However, they said they would complete an evaluation of this to see if any improvements could be made.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required.
- A member of staff said they supported people to appointments on a regular basis when family were unable to support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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).

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care. Staff encouraged people to make day to day decisions on how they liked to spend their time, when to get up, what to eat and what they wanted to wear. People confirmed they were consulted about their care and provided with choices.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness. Comments included, "I am so well looked after, they will do anything for me", "If I get worried they sit and chat with me they are so kind", "Best place, nice people very helpful. Sometimes I need help getting to things and they are so willing to help me out".
- Staff were caring, compassionate and encouraged people to lead the life they wanted. Staff knew people well including their hobbies, interests and preferences.
- People were comfortable in the presence of staff. Staff knew people well and spoke to people about subjects that were of interest to them.
- Care documentation included information about the protected characteristics including expressing religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preferences. A member of staff told us about how another member of staff speaks with a person in their own language. Another member of staff brings in food that was very much part of a person's culture. It was evident that people's differences were celebrated.
- People's religious and cultural needs were taken into account on admission and during care delivery. Staff told us it was important for people to retain their interests taking into account their cultural and religious faiths. Monthly church services were organised, bible reading, and a local catholic priest regular visited the service.
- Relatives spoke positively about the staff support and were satisfied with the care and support provided. They told us all the staff were friendly and welcoming.
- Birthdays and other events were celebrated. People told us they were made to feel special on their birthday. Theme nights were organised. One person said, they had really enjoyed a Chinese meal something they had not had before. Easter decorations had been made by people in the home as part of an activity. Photographs were displayed of recent activities including Easter bonnet making.

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

- Resident meetings were held regularly. Minutes from those meetings showed a range of information was discussed, which included activities, trips and food choices. People's views were sought on the support that was in place, any concerns and areas for improvement. This showed people were involved with decisions about how to spend their time and supported to express their views.
- Each person had a key worker who spent time with them on an individual basis. This time enabled them to plan activities, organise trips to the shops or just spending time chatting. The registered manager had recently introduced a recording system to capture these moments. These were really person centred and showed staff had taken an interest in the person they were supporting.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering and respected that people's rooms were their own private spaces.
- There was one bedroom that was shared. There was a curtain down the middle of the large room to afford the occupants privacy. The registered manager said that the occupants had been consulted about whether they wanted to share along with their families.
- People told us they were supported to be as independent as possible. For example, one person told us they could shower each day if they wanted. Another person told us, they were independent and liked to spend time on their own. They said the staff will regularly pop in and check they were alright or needed anything.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There had been some real success stories where people's self-esteem and wellbeing had been promoted. This was due to the commitment of the staff and the dedication to provide person centred care. One relative said, "It has been fantastic, I have my mother back. Like she was 30 years ago". For another person they had supported them with their known interest and now they were regularly playing darts. Tournaments were organised between people, staff and another home owned by the provider. For another person they had been supported with the loss of a loved one. It was evident that each person was seen as an individual and these examples had a great impact on people's physical and mental wellbeing.
- Some people had needed time to settle to life at The Elms. They had experienced loss of their previous life. Staff described how they had built up trust with the person and their family. To help one person settle, daily walks were organised as this was what they had liked to do. Daily records showed this had happened. For another it was how swiftly the staff had ensured their lost hearing aid was replaced, which they had misplaced prior to moving to The Elms. Staff said this had enabled the person to have trust in the staff and reduced the feelings of isolation
- People were supported to take part in various activities that were of interest to them. There was an activity coordinator who supported people for four days per week. Care staff told us they organised activities in the absence of the activity co-ordinator such as the weekends and during the evenings. It was evident this was viewed as everyone's role to ensure people were engaged in meaningful activities.
- Activities were planned daily by the activity co-ordinator. Games, jigsaws and quizzes were put in close reach of people. Some people enjoyed touching items such as twiddle muffs or a soft blanket. This helped people to keep calm and reduce anxieties. Staff said, "It was important to grab the moment if someone shows an interest then we will support them with what they are doing".
- People told us they had been supported to go on trips based on their own personal interests. For example, a small group of people had been to the concord museum as they had an interest in planes. For others it was trips to the garden centre or a pub meal out. Some people were planning to learn golf which had been organised by the registered manager. They told us, "You are never too old to learn or try something new".
- Regular entertainers visited, and this was kept under review to ensure these were appropriate.
- Care plans were informative and guided staff on how each person wanted to be supported. People had been consulted on how they wanted to be cared for. Care plans were reviewed monthly by the staff. People and their families were invited to review the care every six months or sooner if needs had changed.
- Staff took the time to get to know people, spending time with them. The registered manager told us that this was important. It was evident people felt at home at The Elms.
- Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed.
- Complaints were recorded, investigated and responses provided in a timely manner. Action was taken to resolve issues raised.
- Relatives told us they could always speak with the staff or the management. A relative said they had raised concerns about the laundering of clothes and this was getting better.
- People told us they would speak with staff if they had any concerns. One person told us they had mentioned their bed covers not being straight they said this had been addressed and no longer a concern.

End of life care and support

- At the time of our inspection the service was not supporting any person to receive end of life care.
- When people were nearing the end of the life staff with other health professionals assessed their needs and developed detailed end of life care plans. This included information about how their symptoms would be managed, and their choices and wishes in relation to their future care.
- Staff ensured medicines were obtained to manage any future symptoms such as pain, so they were available when needed.
- Staff told us how they had recently supported a person to visit a close relative in hospital. The registered manager was commended by the team and the person because they had supported the person to visit and spend time with their loved one at the final stages. There was real empathy shown when talking about the situation and the ongoing support that was in place.

Is the service well-led?

Our findings

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were committed to providing care that was person centred. There was a real homely feel to the Elms. The atmosphere was inclusive. Staff were observed providing care that was caring, passionate and inclusive of the person.
- The registered managers were committed and passionate about the service. They were knowledgeable about the people they were supporting.
- Staff reported that they were happy working at The Elms and there was a good team spirit.
- There was an open and transparent management approach. Staff, people and their relatives were observed speaking with the management team. Relatives felt the home was well managed.
- People and their relatives knew the management team. Feedback was very positive about their approach. Comments included, "Senior staff and (names of managers) are fantastic they know what is happening all over the home and they seem to have a great team. The staff do work very well together", "He is a real sweetie really caring, no concerns it has been fab" and "She is very conscientious and really cares about individuals".

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

- The management completed quality audits on a monthly basis and actions were identified and addressed to bring about improvements. Audit results were monitored by the provider. The provider visited regularly to check on the quality of the care and support the staff and the management team.
- The service was well led. The deputy manager had recently successfully registered with the Care Quality Commission. They were working alongside the existing registered manager who was also responsible for another care home close to The Elms.
- Staff were clear about their responsibilities and the leadership structure. A senior care staff had also recently been promoted to deputy manager. They were positive about their role and the vision of the service.
- Care was well organised. Staff were clear about their individual roles and responsibilities. Staff said they worked together well as a team. Staff said they helped each other out when needed.
- The registered managers were proud of the team and their commitment to providing care that was person centred.
- The registered managers were clear about their responsibilities for reporting to the CQC and the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were encouraged to contribute their views on an ongoing basis informally and through regular feedback surveys. The recent surveys completed by staff and people indicated a high level of satisfaction with the care and support and the working environment. The registered manager told us the relative survey had only recently been sent out.
- Meetings were held monthly and a range of topics were discussed. Suggestions made at these meetings were acted upon for example, a recent trip had been organised to a local museum which those who had attended had really enjoyed.
- Daily handovers were used to communicate updates keeping staff informed about any changes to people's care.
- People were able to maintain contact with family and friends. There was an open visiting arrangement.

Continuous learning and improving care

- The registered manager had completed training on the butterfly approach. They said the learning had been incorporated into day to day practice. For example, supporting people with meaningful activities and grabbing the moment. Activities were available to people including rummage boxes, newspapers, jigsaws and games.

Working in partnership with others

- A health care professional complimented the approach of the team and the management in working in partnership with them and the dementia wellbeing team.
- The registered manager fostered positive relationships with the local community. School children from the local school visited the home and were engaged in activities with people.
- The registered managers were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals.
- The home was situated close to a working farm that supported people with learning disabilities. People from the home regularly visited the farm and accessed the coffee and farm shop. One person who attended the farm had previously lived at The Elms. They visited regularly for coffee and to meet with people and the staff. This showed partnership with the community.