Croftwood Care UK Limited

The Elms Residential Care Home

Inspection report

The Elms
Elm Drive
Crewe
Cheshire
CW1 4EH

Tel: 01270584236
Website: www.minstercaregroup.co.uk

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14 November 2018

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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

This inspection took place on 24 October and the 14 November 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

This was the first inspection by CQC for the care home since there was a change in the provider on 12 November 2017, and therefore a first rating under the new ownership.

The Elms is a purpose-built home, built some years ago in the Coppenhall area, approximately 1 mile from Crewe town centre. The Elms is a care home, people in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Elms is registered to provide personal care for up to 41 people, on the day of the inspection 34 people were residing in the home.

There was a registered manager at The Elms. 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.

People were protected from the risks of abuse. Risks were identified and managed effectively to protect people from avoidable harm. Recruitment processes were in place to make sure, as far as possible, that people were protected from unsuitable staff being employed.

People told us they were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld.

People received care and support that was personalised to meet their individual needs. People were encouraged and supported to maintain and increase their independence by staff who knew them well and were well trained. People told us staff had the training and skills they needed when providing their care and support.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's right to confidentiality was protected and their diverse needs were identified and incorporated into their care plans where applicable.

People were given their prescribed medicines in a timely and safe manner.

People benefited from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

People knew how to complain and knew the process to follow if they had concerns.

Staff were happy working for the service and felt well managed and supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff. Recruitment processes made sure, as far as possible, that people were protected from unsuitable staff being employed.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns and how to keep people safe. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

The service was People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink enough and staff took action to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good

The service was responsive.

People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

People were able to influence the running of the service.

People knew how and to whom they should raise concerns.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems had been put in place to monitor the quality of service being delivered and the running of the service. These included seeking the views of people who used the service, their relatives and staff.

Staff were happy working at the service. They felt supported by the registered manager and thought the training and support they received helped them to do their job well.

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.

This was the first inspection by CQC for the care home since there was a change in the provider on 12 November 2017, and therefore a first rating under the new ownership.

This inspection took place on 24 October and the 14 November 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.
The methods that were used during the inspection were talking to people using the service, their relatives and friends or other visitors, visiting professionals, interviewing staff, pathway tracking and reviews of records.

We looked at care plans relating to three people in detail and discussed at length the needs of one other person living in the home with the manager. We spoke with seven people living at The Elms, four visiting relatives or friends, six staff, the deputy manager, manager and the area manager.

Good

Is the service safe?

Our findings

We spoke with seven people who used the service, who told us they felt safe from harm or abuse from their care workers. One relative added, "My mum is well cared for, all her needs are met, I feel she is safe here". Another added, "My relative is very difficult but staff know exactly how to support her, they are brilliant".

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. Staff had received training in safeguarding people from abuse and knew what actions to take if they felt people were at risk. We spoke with nine staff who were confident they would be taken seriously if they raised concerns with the management. All staff were able to tell us what they would do if they suspected any abuse in the home and audit records provided us with information that 84% of staff had completed safeguarding training and 87% Mental Capacity Act (MCA) and Deprivation of Liberties (DoLs)

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People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling, falls or risks related to specific health conditions such as diabetes. People's needs were assessed using a dependency tool and staff told us they felt that staffing levels were sufficient and that they could meet people's needs. Our observations were such that call bells were responded to promptly and staff appeared relaxed, unhurried and spent time encouraging and chatting with people.

We looked at staff files from the two staff recruited since the new provider had taken over, staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. We found that the changes to documentation to apply for references did not ensure clear accountability as to who had supplied the reference and we were assured by the manager that this would be addressed.

We checked the storage arrangements of medicines within the home and found they were kept securely in a temperature controlled environment. Separate arrangements were in place for the secure storage of controlled drugs. There was a homely remedies policy and monitoring charts in place to identify when people needed pain relief medication. We observed medication administration practice and records relating to administration for a sample of people in the home. Staff administering medication were qualified to do so and had received appropriate medication administration training.

There was an emergency continuity contingency plan and fire risk assessment completed on 18 July 2017. These gave detailed information to show appropriate actions to be taken in the event of an incident, fire or major incident.

Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation. We saw that equipment needed for evacuating individuals with poor mobility were not easily accessible to staff where they were most needed. This was discussed with the home manager and staff and agreed one persons' evacuation plan needed amending to identify which equipment would be used in the event of an emergency. This was addressed immediately.

We looked at the environment audits and checklists and found them up to date, we sampled service certificates in relation to the lift, hoists, bathing equipment, electrical installation and firefighting equipment and found valid certificates in relation to these.

We looked around all areas of the home and found it clean and tidy, we interviewed the housekeeper who told us that cleaning products and personal protective equipment was readily available. Some areas of the home were looking tired and jaded, some flooring, furnishings and décor were in need of replacement. The provider supplied us with a full development plan for the home which included all these areas, there was a delay on implementing the plan due to issues which involved the ground works this had been completed recently.

Good

Is the service effective?

Our findings

We spoke with six people living in The Elms who told us that staff knew them well and that their needs were met. Relatives and people living in the home told us that they see the doctor regularly. Staff reported that they receive excellent support from the GP practice and from the district nursing team in the area, staff told us that they were confident to ask for support and guidance as required.
Staff told us that they regularly met with their line manager to discuss their development and their welfare and that they felt well supported and enabled to fulfil their role. We saw that there was a structured program of supervision so that staff were afforded the opportunity to meet and discuss their training needs and progress.

We looked at a sample of support files in which we saw evidence of the use of DoLS. These records were stored in the care file to recognise each person's views and rights. 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 decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked that The Elms was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager had made applications to the local authority to deprive people of their liberty with explanations why this was needed in each person's best interest. We saw there was a high staff completion rate for MCA training, as 87% of staff had completed the training. Speaking with staff they knew and understood their responsibilities.

Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or if new information came to light. Staff received a handover of any changes in people's needs since they had last been on duty and a record of changes in people's care plans was kept. As already identified under the safe section of this report the home is in the process of undergoing extensive refurbishment. We discussed with the manager current guidance and resources available about providing safe and stimulating environments to support people living with dementia.

People told us that they enjoyed the food in the home and that they had choice. We saw from the care plans that individual likes and dislikes had been recognised. We observed staff in the dining room helping people to eat in a discreet and supportive manner. Staff responses and attitudes towards people were encouraging. We spoke with the chef on duty and looked at the kitchen. The kitchen staff were aware of the dietary needs of the those living in the home, any special dietary requirements including allergies or fortified meals were accommodated. Fortified meals provided when people had been identified as losing weight with guidance

from the GP, district nursing team or dietetic services.

Good

Is the service caring?

Our findings

People living in the home told us that staff were very caring. We heard and observed interactions between staff and residents throughout our visit, people were spoken with kindly and encouragingly. On many occasions we heard staff complimenting people on their appearance, [NAME] "your hair looks very lovely", "you are looking very smart today [NAME]. We could see from people's demeanour this made them feel valued. Relatives spoke of staff as being "Fantastic", "All the staff are wonderful, they are very loving and kind towards my mum, she is so much better since she's been here and we enjoy spending time together".

Staff we spoke with told us they enjoyed supporting the people at the service and were able to tell us a lot of information about people's needs, preferences and circumstances. This showed that staff had developed positive caring relationships with the people they supported.

People said staff treated them with respect and dignity. Staff were able to describe actions they took to ensure that people's dignity and privacy were maintained. We heard staff speak to people with respect and staff involved them when they were supporting them with activities relating to providing care and support. We observed staff knocking on doors and waiting for responses before entering bathrooms and bedrooms.

Staff were respectful and non-judgemental of people's diverse needs, relating to religion, physical needs and chosen lifestyles.
People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their training. People's personal records were kept in a locked office and on the service's computer system, only accessible by authorised staff.

We saw information available in the reception area of the home with contact details for a local advocacy services.

Good

Is the service responsive?

Our findings

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. The assessments and care plans captured details of people's abilities and wishes regarding their personal care. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. This included choices when individuals wanted to keep their own hairdresser and doctor. The daily notes demonstrated staff knew the people well and provided personal care based on the way individuals liked things done.

We found that people's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to the deputy manager or manager, so that the care plans could be updated. The care plans we saw were well written and up to date. Discussions with staff about individual's care plans demonstrated that they knew people well and knew their responsibilities to ensure their needs were met.
We raised concerns relating to the appropriateness of one persons' placement in the home as we did not feel that they were in a suitable environment. The manager provided us with evidence that the home had made a timely referral to the local authority for a reassessment, however they had been unable to find suitable alternative accommodation.

Comments we received on the day from relatives and people living in the home demonstrated the service and staff were responsive and inclusive. One resident told us that he had got up early as they were replacing the floor in his room following the recent building work, and he was pleased to be able to arrange to go out for the day. Relatives told us that the staff responded quickly to any medical needs their loved one may develop, they also confirmed that the were always kept informed and involved with their care.

People and their relatives we spoke with knew how to raise a complaint and were confident the service would take appropriate action. They said staff responded well to any concerns they raised. Staff were aware of the procedure to follow should anyone raise a concern with them. The right to complain and whom to complain to was set out in the service user guide and a copy was available in the reception area. The complaints procedure included contact details of other bodies people could raise a concern with, this needed to accurately reflect who to complain to. This was discussed with the manager at the time of the visit. No complaints had been received since registration.

The home employed one full time activities co-ordinator, we saw there was a full activities programme throughout the week with a very wide range of activities.

Relatives told us the manager and the staff team were accessible and she operated an open-door policy. Administration offices and the manager's office was situated at the entrance to the home which made them accessible and a visible presence in the home.

Good

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager. The current manager had been registered with CQC to manage the service since the change of provider since November 2017, and was present for day two of the inspection and participated fully with the process.

Senior members of staff were responsible for the running of the service on a daily basis in the absence of the registered manager. Senior staff led by example and worked alongside staff to provide the care. People receiving support told us that all staff were approachable and available if they needed to speak with them.

It was clear that staff at provider level, the registered manager and all service staff were working hard to create a warm caring environment, and were fully committed to making improvements at the service. Various checks and audits were in place and were effective in monitoring the quality of the service provision. This included an oversight of the service by the area manager. Where any issues were identified we saw action had been taken promptly.

Systems were in place to seek the views of those using the service, the staff working in the service and stakeholders, this happened at reviews and as part of a formal annual satisfaction survey. The satisfaction survey was due and therefore not available at this inspection for review.

People received a service from staff who worked in an open and friendly culture and who were happy in their work. The staff we talked to spoke positively about the leadership of the home. They said their managers were accessible, approachable, supportive and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were asked what they thought about the service and felt their views were taken into account. Comments received from staff included, "The manager is very approachable" and "They're a great team to work with, everyone pulls together", "I absolutely love working here".

Relatives we spoke with told us that they had chosen the home because of its homely feel and recommendations from other family members. They said they would recommend the home to others. Comments received from people who use the service included, "I get on really well with them. Nothing is too much trouble. They are very good."

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.