

Anchor Trust

Elderwood Residential Home

Inspection report

Westmoreland Street
Darlington
County Durham
DL3 0FB

Tel: 01325368256
Website: www.anchor.org.uk

Date of inspection visit:
13 December 2017
18 December 2017

Date of publication:
06 February 2018

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 inspection took place on 13 and 18 December 2017. The first day of the inspection was unannounced. This meant that the staff and provider did not know we were coming.

Elderwood Residential Home is a residential care home for 40 older people and people living with dementia. At the time of our inspection there were 36 people using the service. The service is based over two floors but is not divided into specific units. People are able to access a number of communal areas and participate in activities on both floors.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was stored safely and administered by staff who had received the appropriate training.

People were cared for and supported by staff who had received relevant and up to date training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

Staff cared for people in a kind and patient manner. Staff had a good understanding of people's preferences of care. Staff promoted people's independence by encouraging and supporting them to undertake elements of their own care and to make choices about their day to day lives. People's privacy and dignity was

maintained and respected.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in people's care needs. People were supported to participate in social activities. The registered manager responded to concerns in a timely manner and ensured people were aware of the complaints procedure.

There were systems in place to monitor care delivery at the service and make improvements where necessary. Staff and people using the service felt the manager was approachable and supportive. The service had good links to the local community.

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.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Elderwood Residential 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.

This inspection took place on 13 and 18 December 2017 and the first day was unannounced.

The inspection team consisted of one adult social care inspector and two experts-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.

We used information the provider sent us in the Provider Information Return. This is 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with twelve people who used the service, five relatives and one close friend of a person using the service. We also spoke with the

registered manager, deputy manager, five care staff, the chef and two members of housekeeping staff.

We reviewed five people's care records and five staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

Our findings

People and their relatives felt the service provided safe care. One person told us, "I'm very well looked after and always feel safe with the staff. When I have one of my 'turns' they come and sit with me until I am through the worst." Another person said, "I am here to keep me safe as I wasn't in my own home and it's ok-better than I thought!" A relative told us, "My relative is cared for well and safe from any harm."

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff received training in this area. Staff were able to describe the types of abuse people may be vulnerable to and what action they would take if they had any concerns. One member of staff told us, "I would speak to the manager if I was worried about anyone being mistreated. Anchor have a whistleblowing policy too but I've never had to use it."

People had individual risk assessments in place and these were regularly reviewed. Where risks were identified care plans addressed the way in which staff could mitigate these risks. Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency situation. Planned fire drills took place regularly.

Safe staffing levels were in place to support people, however some staff felt that people would benefit from additional staff. One member of staff told us, "It would be nice to spend more time with people. We'd need more staff for that though." A relative told us, "They could do with additional staff at times. I can't fault them but they are run ragged." A person using the service said, "The care home is good but I think they need a few more staff as they work hard here all the time but they still stop and chat." Another person said, "I think they could do with a few more [staff] you sit a long time on your own with no one to talk to. Most times they come quickly." We shared this feedback with the registered manager and they told us they would review staffing levels..

Safe recruitment procedures were still being followed with appropriate pre-employment checks undertaken to ensure suitable people were employed. This included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Medicines were administered safely. Medicines storage had changed since our last inspection. Controlled

drugs and medicines that required refrigeration were stored securely in a treatment room. The temperature of the room and fridge were checked daily to ensure they were in line with best practice guidelines. In addition each person now had secure storage in their rooms where their own medicines were kept.

Hot water temperature checks had been carried out and were within recommended guidelines. Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Gas safety checks had been undertaken along with electrical hardwiring and portable appliance testing (PAT).

The service had recently been decorated and was clean and tidy. Staff wore personal protective equipment (PPE) such as aprons and gloves when delivering personal care and helping at mealtimes. The kitchen had a five star hygiene rating from environmental health and the laundry was well organised with a clear system for the flow of dirty laundry in and clean laundry out.

Accidents and incidents were recorded by staff and checked by the registered manager who then uploaded details on to the provider's computer system. The information was analysed by the provider to look for any patterns or trends that may require action to minimise risk of further incident and alert the registered manager if anything is identified. Procedures were in place to ensure lessons were learned when accidents and incidents took place.



Our findings

People we spoke with felt the staff had the skills and knowledge necessary to meet their care needs. One person told us, "All I can say is when they come to see me they are first class."

The service carefully monitored staff training and the deputy manager was able to show us records that indicated staff training was 100% completed.. This is an area the service took great pride in and worked hard to maintain. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One member of staff told us, "We get good quality training; everything is as it should be."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People we spoke with said they had access to health care services. Records showed people received ongoing healthcare support from a number of external professionals such as GPs, dentists, chiropodists and opticians. One person told us, "I was poorly a while ago and the doctor was here the same day. I only have to ask."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications had been submitted appropriately and CQC had been notified of any authorisations. Staff had been trained in the MCA and DoLS. Mental capacity assessments and best interest decisions had been made and recorded.

People were provided with a varied and nutritionally balanced diet. The kitchen staff were aware of people's dietary requirements and were aware of ways to increase the calorie content of food for those people who required a fortified diet. All staff had taken part in a healthy eating and nutrition initiative provided by the local authority.

We observed a mealtime and found it to be a relaxed and sociable experience. People were chatting

amongst themselves and with staff. The food looked and smelled appetising. Choice was given by showing people two plates with the alternative dishes. Giving choice in this way meant people could see exactly what was being offered rather than a written menu. This way of presenting choice also had the advantage over pictorial menus as the smell of the dishes may also tempt people into eating. Vegetables were served separately with each person being asked what they would like on their plate. One person told us, "The food is brilliant, they know what I like and that I always like a second helping at breakfast." A relative told us, "The menu is good. There is always a choice and the food is delicious."

The service had recently undergone a programme of redecoration and during our visit we saw evidence of appropriate signage being put back in place. For example photographs on people's bedroom doors. Seven staff had been appointed as dementia champions and as part of the provider's 'Anchor Inspires' programme they had created an indoor garden area on the first floor. We observed this to be a popular seating area for people throughout the day.

Our findings

People and their relatives told us staff were very caring. One person told us, "Oh yes they are kind." Another told us, "Oh yes, they [staff] know you like the back of their hands." A third person said, "I cannot think of anything I would improve. It really is a lovely caring home." A relative we spoke with said, "Without exception the staff are wonderful, they cannot do enough for you. I really do enjoy coming here."

People we saw were well presented and looked comfortable. In preparation for Christmas the service had been decorated and there were large Christmas trees in communal lounge areas making it feel very homely and festive.

We saw staff speaking with people in a polite and respectful manner. Staff interaction was positive throughout the day. At lunchtime we saw people laughing and smiling with staff. One person was singing at the dining table and staff were joking with them regarding the Christmas headwear they were wearing. We observed staff being very thoughtful and gentle when assisting people. One member of staff removed a person's apron after lunch and was careful to smooth down their hair afterwards as it had become ruffled and out of place in the process.

Staff spoke passionately about their work and all felt it was a good team. One member of staff told us, "If it was my parents living here I'd want the best so if I can't give people the best then I'm not doing my job properly." Another member of staff said, "I go home every night knowing I've done my best. When a resident opens up to me and tells me a story from years ago, or we laugh about things, it's like being given a thousand pounds."

Staff told us how they promoted dignity and respect people's privacy. We saw staff knocking on bedroom doors and asking permission before entering people's rooms. Staff also knocked on bathroom and toilet doors to ensure the rooms were empty before entering. People confirmed to us that staff treated them with dignity and respect. One person told us, "They don't flaunt you in any way, they look after you." Another person said, "They close the doors and leave me to get dressed myself." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were involved in making decisions about their own care. This was evident in care records. We also saw that staff supported people to be independent and people were encouraged to care for themselves where possible. One person told us, "They [staff] encourage me to do what I can. They are there to keep me

on the right path." Another person said, "Staff encourage me to do things for myself."

We discussed how people's diverse needs were respected. The registered manager told us they supported people to follow the life style they chose for example following their religious preferences and maintaining relationships in a way that suited them best.

We discussed advocacy with the registered manager who told us one person was currently using an advocate. They had information available on how to access local services should anyone else require an advocate. Information was also on display in the communal reception area. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Our findings

People and relatives told us they felt they were involved in decisions about care. One person said us, "My care is discussed with me but I need family support as I don't always understand." Another person said, "If I am not sure of anything, my sons go and tell them." A relative told us, "As a family we are involved in the care of my relative. They would not be able to deal with this on their own."

A pre-admission assessment was carried out and recorded before people were admitted to the home. This ensured the service were able to meet people's specific care needs.

The care plans we looked at were up to date, easy to follow and tailored to meet people's individual needs. We saw these were reviewed on a regular basis. Staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. Throughout the inspection we observed staff delivering care in a person-centred way and demonstrating a knowledge of people's likes and dislikes whilst delivering care.

The service employed an activities co-ordinator and a variety of activities were on offer every week. People all had a monthly activities calendar in their room so they were aware of what was taking place each day. Activities scheduled to take place included armchair exercises, games afternoons and bingo. Activities had also been discussed at one of the residents meetings to find out what people were enjoying most. Musical activities were popular and these featured regularly across the month. The service had purchased a karaoke machine. We saw people and staff enjoying Christmas songs on this during our visit. One person told us, "It is nice to do things whilst I'm still able. I like the singing and music times." Another person told us, "I choose not to join in a lot of activities and that's fine. They always ask me though which is thoughtful."

The way activities were being recorded made it difficult to monitor the level of social interaction each person was involved in and what activities people had particularly enjoyed or why other activities had been refused. We discussed this with the registered manager who told us that a new system of recording was going to be introduced.

People were supported to maintain relationships with people that mattered to them. Friends and family were able to visit at any time. The week before our visit an early Christmas lunch had been held which friends and relatives had been invited to attend. One visitor we spoke with told us they had attended and had enjoyed being given the opportunity to spend time with their friend in this way. A person who used the service regularly went out with friends, they told us, "I have friends come to visit and pick me up to go

dancing. They always let them in to visit."

The provider had a complaints policy in place and this was on display in public and communal areas. Everyone we spoke with said they felt they would be able to complain to the manager or other care staff if necessary. One person told us, "I do know how to complain and would go to the staff or the [registered] manager." Another person said, "I'd go to the team leader. There have been a few little things but they were sorted out." One relative told us, "Whenever I have raised a concern they [registered manager] usually already know and are dealing with it. They respond almost instantly even to the smaller things." We saw three concerns had been logged in the previous 12 months and these had been addressed by the registered manager. No formal complaints had been received since our previous inspection.

Staff had received training on end of life care and people's care plans included end of life care plans. A number of the care plans we looked at contained very little information. We discussed this with the registered manager who acknowledged that at times people were reluctant to discuss their wishes and staff found it difficult to know the best way to approach this. They intended to speak to a contact from the local hospice to seek advice on ways to support staff when working on these care plans with people and ensure that in future people's end of life wishes were more fully recorded and acted upon.

Our findings

People and their relatives knew who the registered manager was and felt they were friendly and approachable. One person told us, "Yes I see them every other day. They're quite alright and friendly, I can talk to them." Another person said, "They couldn't be any better, they listen to what you say." A relative told us, "The management is really visible and know the residents. The manager and other staff are often sitting and chatting to the residents when relatives arrive."

The provider had a robust quality assurance process in place. A series of audits and spot checks were carried out regularly by the management and senior staff and actions were taken to address any issues identified. Surveys with people, their relatives and staff had been carried out. The results were on display at the service and an action plan was in place.

Family members told us they felt involved with the service and their opinions were taken into consideration. The registered manager described how people had been consulted about the purchase of new furniture and had agreed collectively on the choice of furniture for communal areas. One relative told us "They listen to every word." The registered manager told us people who used the service and relatives were invited to meetings where were able to discuss any issues, concerns or new ideas and activities. We saw minutes from these meetings but some of the people and relatives we spoke with were not aware they were taking place. We discussed this with the registered manager who said they would look at alternative ways to raise awareness of future meetings.

Feedback forms were clearly displayed in communal public areas. The forms included a freepost section for people to provide comments directly to the provider but also encouraged people to speak directly to the registered manager.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The service was actively involved with the local community. People who used the service visited a local church theatre group every month. The local town mission church visited every month to hold a religious service. There were links with local schools, one of which was due to perform a carol service the week following our visit. Volunteers from the Princes Trust were involved with the service and helped people with gardening or craft activities. The service also had links with Age UK – Joining Forces who came into the service from time to time to speak to people who had a previous military career.

The service had a positive culture that was person centred and inclusive. The provider had a policy for equality, diversity and inclusion which aimed to ensure no one who lived or was employed at the service was discriminated against due to their protected characteristics. Staff were regularly consulted and kept up to date with information about the home and the provider. Regular staff meetings took place every two months and discussed issues such as mobile phones, dress code, sickness, MCA and safeguarding.

Staff we spoke with felt supported by the management team. One member of staff told us, "We all work as a team. It is all about teamwork. If we are short staffed then management down tools and come out on the floor to help." Another member of staff said, "I get plenty of support from [registered manager]. I would go to them with any concerns and I feel I can always have my say."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.