

Mr Brian William Parry & Mrs Jean Parry

Elm Farm Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Elm Farm Residential Home provides residential support and care for up to 12 older people. At the time of our inspection there were 12 people living at the home. At the last inspection, in February 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and there were enough staff to provide support people's needs. People were protected from the risk of harm. People received their medicines as prescribed. Staff were suitably recruited to ensure they were able to work with people who lived at the home.

People made decisions about their care and staff sought people's consent. Where people lacked capacity they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. People received supported to stay well and had access to health care services. They were able to choose what to eat. Staff received training to meet the specific needs of people who used the service.

People were treated with dignity and respect. People were asked their preferences about how they wanted to be supported and cared for. These details were recorded in people's care plans including their end of life wishes.

People and their family members were involved in the planning and review of care and support provided. People knew how to make a complaint or raise a concern.

Systems were in place to assess and monitor the quality of the service. People and staff were encouraged to raise any views about the service on how improvements could be made. The registered manager promoted an open culture which put people at the centre of the service.

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.

Elm Farm 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 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 a comprehensive inspection that was completed by one inspector on 24 May 2017 and was unannounced. The provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the home, what the service does well and improvements they plan to make. We took this into account when we made judgements in this inspection.

We also reviewed information we held about the service such as statutory notifications. A statutory notification is information about events, which the provider is required to send to us by law. We also reviewed information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spoke with four people who lived at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives of people living in the home. We spoke with the registered manager, assistant manager, the senior care assistant, three care assistants and the cook.

We looked at a range of documents and written records including two people's care records and records about the administration of medicines. In addition, we looked how complaints managed. We also looked at information about how the registered manager and assistant manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included minutes of staff meetings, quality surveys completed by people and their relatives and health and safety audits.

Is the service safe?

Our findings

People at the home told us they felt safe living at the home because staff supported them with their needs. One person told us, "I feel safe because there is always staff on duty and at night if I need anything." A relative we spoke with said, "We know our [family member] is safe here, they were not safe at home."

Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. Staff had received training and were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. Staff told us, they would not hesitate to report abuse, to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. We were aware there was an on going investigation by the local authority regarding a specific incident and the provider was awaiting the outcome. The provider told us they had taken measures to help prevent a similar incident from happening again.

The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service (DBS) checks and two reference checks. DBS checks return information about any convictions, and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with particular groups of people.

There were sufficient staff on duty to meet people's needs and the registered manager and assistant manager were not included in the care staff rota and so were able to provide support if required.

Risks to people's health and safety had been identified. People's care plans included detailed and informative risk assessments. These were individualised and provided staff with a clear description of any identified risk. They contained specific guidance on how people should be supported whilst ensuring no unnecessary restrictions were placed upon them to maintain people's independence. Where accidents or incidents had occurred these had been appropriately reported, recorded and investigated, so lessons could be learned.

People received their medicines safely, and when they needed them. One person told us, "I get my tablets on time." The care plans had identified how each person liked to take their medicine and staff followed the directions carefully. Regular medicines audits had been completed to ensure, medicine administration records (MAR) had been correctly completed so any discrepancies could be resolved without delay further ensuring people's safety was at the heart of all staff practices in reducing risks. All staff who administered medicines had received appropriate training.

Is the service effective?

Our findings

People were supported by staff that had the knowledge and skills to provide care for them in the way they wanted. One person told us, "I like it here ... it is the best. The staff are so friendly and helpful, so I am quite content." Staff we spoke with told us they had received training to help them support and care for people who lived at the home. One staff member told us, they had received specialist training in dementia, which had helped them understand the challenges people face who lived with dementia and so improved the support and care they could offer the people living at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider was following the requirements in the DoLS and had submitted applications to a 'Supervisory Body'. We saw the provider was acting upon the decisions made by the supervisory body and had processes in place to review these over time. Staff we spoke with knew where to check if a DoL had been authorised, and gave us examples of how they would support people so their rights would be respected and they would receive the care they needed.

The assistant manager they showed us they were aware of the MCA and DoLS. They had worked with the local authority in establishing whether people were being deprived of their liberty. Four people had an authorised DoL in place at the time of our inspection and this meant people were not unlawfully restricted.

People were enjoyed their meal-time experiences. One person told us, "The food is very nice." People had access to snacks and drinks when they wanted them. We spoke with the cook, who understood people's dietary requirements and allergies, so people would remain healthy and well. We saw people were offered choices to meet their preferences at mealtimes and were not rushed. Where people needed support from staff in order to eat safely or to choose from a range of food and drink options this was provided.

People told us they had access to health professionals when required to help them remain well. One person confirmed this, "If I am not well the doctor will come." We could see from people's care records they had accessed health professionals such as chiropodists, opticians and district nurses when required. A relative told us, "If they ever have to call the doctor out for [family member] they telephone us to keep us informed as we've asked them to do."

Is the service caring?

Our findings

People told us they liked living at the home and said staff were kind and caring towards them. One person said, "The staff are so helpful, they are wonderful and they take care of me." A relative told us, "[Family member] has dementia, but they are very happy and settled here." We saw numerous examples of staff using their kindness and patience to assist people when they became anxious. Staff practices were successful as people's body language and facial expressions showed they were reassured. Where people had limited verbal communication we saw staff using gestures and language that was meaningful to each person. People were given time to consider their options before making a decision and staff encouraged people to express their views and listened to their responses.

In the provider's PIR it stated, "Staff are encouraged to spend as much time with each resident as possible to reassure them that their feelings and views matter and are important regular staff supervisions and informal meetings to share information about residents that will help us ensure they feel they are being treated with kindness, dignity and respect." We saw these practices had been successful as staff knew people's individual interests and personal histories. We saw people were comfortable, in the presence of staff, we saw lots of laughter and smiles between them. One staff member told us, "I believe it is important to respect the people living here, it's all about them and giving person centred care."

People's care records included information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths. People were supported to maintain relationships with family members as they wished and were welcomed by staff when they visited the home. A staff member said, "We have a good relationship with all the families."

People were encouraged to make decisions and choices about their care and support they received. This included how people would prefer their end of life care and support. These details were included in people's care plans with instructions for staff to follow in the event of their death.

People's privacy and dignity was respected. We saw staff introduced themselves when entering people's rooms and knocked on the door. A staff member described how they assisted people with personal care said, "I always explain exactly what I am doing and ensure people are covered up as much as possible to maintain their dignity."

Is the service responsive?

Our findings

People told us they were supported and encouraged to join in and explore different experiences. One person told us, "I do lots of things, we get to go out too, and we went into Coventry City Centre, to see if we wanted anything." Another person said they enjoyed the reminiscence sessions organised by the activities coordinator. The activities coordinator told us they researched old photographs of Coventry on their computer to show people and help stimulate childhood memories and conversations between people.

People received care that met their individual needs. The care was planned and reviewed with people and staff knew people's preferences for care and what was important to them. A member of staff gave us an example of how they had responded following a monthly review of a person's care plan. The staff member told us, how they thought a person may, benefit from a specialised bed. They told us, "We had them assessed by health professionals and they are now more comfortable."

People knew how to complain if they needed to and were confident any concerns would be taken seriously by the registered manager. A copy of the complaints procedure was displayed and people knew how to raise a concern. A relative told us, "I've never had to make a complaint. If we ask for anything it is always done. For example, we asked if [family member] could be up early and be first with the visiting hairdresser because we wanted to take them out for a family celebration and this was done."

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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.

Both the registered manager and the assistant manager often assisted people with their individual care and support, working alongside staff. People told us they liked the registered and assistant manager and felt they were approachable. One member of staff described the registered manager as "Excellent they have taught me all I know." People benefited and were able to build caring relationships with a stable experienced staff team. A relative told us, "All the staff are very nice. [Family member] loves all the attention they get from them."

The registered and assistant manager carried out quality checks to ensure the service met people's needs effectively and safely. This included checks of care plans, medicines and health and safety. Any concerns with the quality checks were recorded and how they had made improvements and action taken for future learning.

People and their relatives were asked their opinions of the quality of service provided through customer feedback questionnaires. All the people we spoke with told us they were happy living at the home. As well as staff meetings and supervisions, staff were asked for their feedback and opinions through questionnaires. The assistant manager gave us the example of how staff were asked to identify their top five training requirements, to further enhance the quality of care and support they provided for people living at the home.