

# Living Developments Limited

# Elm Tree House

## Inspection report

32 Crow Lane West  
Newton Le Willows  
Merseyside  
WA12 9YG

Tel: 01925291492

Date of inspection visit:  
12 December 2018

Date of publication:  
22 January 2019

## 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

About the service: Elm Tree House provides accommodation and personal care for up to 20 older people who are living with dementia. The home is situated on a main road location in Newton Le Willows and is close to shops and other local amenities. Accommodation is provided on the ground and first floor and a passenger lift and stair lift are in place for ease of access.

What life is like for people using this service:

The atmosphere at Elm Tree House was calm and homely; the management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the registered manager, management team and staff were seen to be warm and affectionate towards people and often displayed physical contact that was appropriate and accepted by people.

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences. People were treated with kindness, compassion and respect. Staff used techniques to help relax people with positive outcomes. Everyone we spoke with told us Elm Tree House was homely place to live and staff were always kind and caring towards them.

People told us they felt safe living at the service and family members were confident their relatives were kept safe. Risks that people faced were identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received their prescribed medication at the right time. The environment was safe and people had access to appropriate equipment they needed.

Enough suitably qualified and skilled staff were deployed to meet people's individual needs. Staff received a range training and support appropriate to their role and people's needs. The registered manager recognised the importance of ensuring staff were happy in their roles and provided incentives to promote this.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent. People received the right care and support to eat and drink well and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the registered manager and deputy manager as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: Good (report published 5 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had maintained a rating of 'good'.

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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

This service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

This service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

This service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

This service was well-led.

Details are in our Well-led findings below.

**Good** ●

# Elm Tree House

## Detailed findings

### Background to this inspection

#### The 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.'

#### Inspection team:

This inspection was conducted by one inspector.

#### Service and service type:

Elm Tree House is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. 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 populate our planning tool and plan our inspection.

During the inspection, we spoke with four people living in the service and one family member to ask about

their experience of care. We also spoke with the registered manager, deputy manager, cook and four care staff.

We looked at four people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Assessing risk and supporting people to stay safe from harm and abuse.

- Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- People and family members told us they felt safe. Their comments included "I feel safe here," "I feel really safe and well looked after here," "Yes I feel really safe here, nothing to worry about at all" and "We feel confident [relative] is 100 percent safe here."
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise any future incidents occurring.
- The environment was safe for people living in the home.

Safety monitoring and management

- Regular safety checks were completed on the environment to ensure it remained safe.
- Equipment used to assist people with their mobility, comfort and independence was regularly checked and maintained to ensure it remained safe to use.

Using medicines safely

- Medicines were stored and managed safely by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication.
- Guidance was in place for the use of medication to be given 'as required' (PRN) and the application of creams and ointments.
- Records were completed when medication was received into the service, destroyed and returned to the supplying pharmacy.

Staffing levels and recruitment

- Enough suitably qualified and trained staff were deployed to meet people's needs and keep them safe. Staff were proactive at providing safe care and support to people.
- Safe recruitment processes were being used in line with the registered provider's recruitment policy to ensure that staff employed were safe to work with vulnerable people.

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to

relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products in order to minimise the spread of infection.

Learning lessons when things go wrong

- A record of any incidents or accidents that occurred were kept and reviewed monthly to identify any patterns or trends so that lessons could be learnt when things went wrong. The information was used to re-evaluate staffing levels and people's assessed needs.

# Is the service effective?

## Our findings

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

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

- Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people.
- Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff skills, knowledge and experience

- People told us, and family members agreed, they felt their needs were met well by staff. Comments included "They [staff] look after me really well, they know what I need help with, they are all really good," "I am well looked after here, staff are really good," "The staff are really helpful and look after us all really well," "Staff help me when I need it but they let me be myself too" and "Staff know what they are doing, [relative] is looked after really well."
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training throughout their employment to maintain up-to-date skills and knowledge.
- Training received was appropriate to people's needs and the requirement of the role.
- Staff felt supported in their role and received regular one to one supervision. They told us the on-going support they received enabled them to discuss their work concerns or leaning development when needed.

Eating, drinking, balanced diet

- People were supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Where required staff supported people at meal times and took time to encourage people to eat and drink.
- Staff were aware of those who required their food and drink intake to be monitored throughout the day and relevant food and fluid intake charts had been completed within a timely manner. The charts were reviewed by senior staff to ensure people received adequate food and fluid.
- Choices on the daily menu were provided on picture format making them easily accessible to people who had difficulties accessing written information.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.
- People's comments about food and drink included; "The food is pretty good and you always have a choice of what you want if you don't like the meal. The food is all home-cooked," "The food is good I never have any complaints and [kitchen staff] always come out and ask what we want" and "The food is great, plenty of choice."

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

- There was signage around the home to help people with their orientation and way-finding.
- The registered manager and deputy manager told us of plans to further improve the environment for people living with dementia.
- Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Those who were unable to use a call bell had a motion sensor in their room to alert staff.
- People's room had been decorated how they chose and contained items personal to them.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs.
- Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner and records were maintained to evidence such referrals and any advice given.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 take 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 is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- Staff ensured that people were well cared for and provided support when needed or asked for. People were treated with kindness and were positive about the caring attitudes of staff. Comments included "All of the staff are lovely, they couldn't get any better," "Staff are great we have a good laugh" and "The staff are lovely here."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. There was a mutually genuine, kind and compassionate relationship between staff and people living in the home.
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name. Staff provided support and comfort to people who were upset and anxious to help relax them.
- Staff ensured that people were kept clean and well-presented especially after meal times and when providing support with personal care.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

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

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

### Personalised care

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- Care records were electronic and staff had access to hand-held devices to access information regarding people's care and support needs.
- Care records were detailed and person centred and contained all relevant and up-to-date information regarding people's needs. The service ensured that all relevant records were completed in a timely manner so that staff had access to the most up-to-date information.
- Staff were responsive to people's needs and ensured that support was provided when needed.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to access a range of activities on a regular basis. The current activities co-ordinator was new to the role but had developed extremely positive relationships with people and knew them well. Activities were planned based around people's needs and preferences.
- Prior to starting the role, the activities co-ordinator had developed strong community links which they planned to use to develop activities for people. They had recently attended a 'dementia journey' training course to help support them in their new role.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through care review meetings, regular surveys and other meetings held with people and their relatives.
- People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

### End of life care and support

- People were supported to make decisions about their preferences for end of life care, and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes and appropriate professionals were involved throughout.

# Is the service well-led?

## Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager and deputy manager promoted a culture of person-centred care by engaging with everyone using the service and family members. People and family members felt listened to and involved in the care provided.
- Staff were consistently positive about the management and leadership of the service.
- Staff understood the registered manager's vision and were keen to implement this within the home to ensure that people received the best care possible. They described a happy, calm and homely environment and thoroughly enjoyed their work.

Continuous learning and improving care

- Effective quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. Clear action plans were created by both the registered manager and provider and tasks were allocated to appropriate staff to complete.
- Systems were in place to ensure that regular reviews and analysis of key aspects of the service were completed. Information gathered was used to provide more relevant and person centred care and support.
- The registered manager and deputy manager had been recognised for their work in relation to fall prevention
- The service used information gathered from accidents and incidents and concerns and complaints and acted upon this to improve the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post, who had the support of a deputy manager and the registered provider.
- The service was well-run with a clear management structure in place. The registered manager, deputy manager and staff understood their roles and responsibilities. They had developed a strong working relationship and showed a good level of knowledge and experience within their roles.
- People and family members felt confident in the abilities of the management team and the leadership of the service. Comments included; "The managers are very professional, they know exactly what they are doing and they are both very approachable" and "[Manager] and [deputy manager] are great, they always seem to know what to do."
- Staff felt extremely well supported by the managers and were confident about discussing any issues and

concerns in an open manner.

- The registered manager was aware of their legal requirements to notify CQC about certain events and submitted notifications to us when required.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- The service involved people and family members in meaningful discussions about the care. Their views were obtained through regular surveys and meetings and information obtained was used to improve the service.
- The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people. This included working in partnership with external healthcare professionals, commissioners, safeguarding teams and dementia specialists.
- The registered manager had extended their support and advice to members of the public who had reached out through social media for help and guidance with family members. The registered manager had signposted these people to local support and community groups and had maintained regular contact with them.