

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Elmsfield House Limited

Elmsfield House, Holme, Carnforth, LA6 1RJ

Tel: 01539563896

Date of Inspection: 28 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Elmsfield House Limited
Registered Manager	Mr. Christopher Wilson
Overview of the service	<p>Elmsfield House is registered to provide accommodation for older people and is set in a rural location close to the village of Holme, three miles from Milnthorpe. There are extensive views over the open countryside of the South Lake District. The home is a Georgian property that has been extended and adapted for its present use as a care home. There are gardens on all sides of the property, part of which have been landscaped and provide a pleasant area for people to sit in during the summer months.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

The people we spoke to during our visit told us they were happy living in Elmsfield House and were glad that they had decided to move in. One person said, "I came to live here because I could bring my dog and she is as happy as I am". Another said, "It is lovely to be looked after by lovely staff".

Visitors also told us they were happy with the care and support provided to their relatives. They said "I am more than happy with the care my [relatives] receive. They have been so much better having company when they want it".

We saw that staff treated people with dignity and respect, always asking them what they wanted to do and where they would like to sit.

Care plans gave guidance to staff so that people's needs were met. Risk assessments were in place and reviewed regularly. This meant that this service was a safe place for people to live and work in.

People who lived in the home saw healthcare professionals when necessary so that their health and wellbeing was monitored.

Staff training was up to date which ensured that those that provided the care and support were able to care appropriately for people living in Elmsfield House.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our site visit we read a number of the written plans devised by staff and people who lived in the home to ensure people had consistent and appropriate care. We also observed people and their interaction with the staff and judged how well cared for they were.

We spoke to several of the people who lived in Elmsfield House and they all told us they were happy with the way they were looked after and we saw nothing that caused us any concern about the delivery of direct personal care and support. One person was very happy as they had been able to bring their dog with them when they came to live in the home and said "I wouldn't have come in without her. She is as happy as I am".

We saw that care plans were written in a person centred way with the documentation covering a full year with reviews completed monthly. Likes, dislikes, wants and wishes were recorded for staff to follow. One care plan did not contain details about how staff dealt with episodes of challenging behaviour. However we saw evidence that staff knew the people living in the home very well but extra written information about people's complex needs would ensure new staff knew exactly how to meet all the assessed needs. We discussed this with the manager and deputy during our visit and they both said they would make sure any relevant information would be added to all the care plans. We saw that where possible people or their representative signed a record to confirm that their care plan had been discussed with them and agreed.

Files contained information about the person's history with relatives being encouraged to provide background information about work, family and past interests. This information helped to ensure that the care plan was individualised to the person concerned and took into account their personality and personal preferences. Staff told us that such information was not always given by relatives but they always asked people for as much information as they were able to give.

We saw that care plans were up to date with monthly reviews completed along with full risk

assessments. All the care plans had a nutritional risk assessment and peoples' weights were checked each month. Health care professional visits were recorded in the care plans and daily records. The staff we spoke to were aware of the need to record as much information as possible about the provision of care to those who lived in Elmsfield House.

We spoke with relatives who were visiting at the time of our inspection. They told us they were "absolutely delighted with the care and attention their family members received". They told us the staff were wonderful and very caring and they had no need to worry about the care and support given.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were appropriate arrangements in place in relation to the recording of medicine received into the home and kept on people's behalf and its administration. We counted a sample of medicines and compared them with records. This showed that medication was being given properly and at the times prescribed by the doctor. None of the people we spoke to during our visit had chosen to manage their own medicines and no one had any complaints about how their medicines were kept for them and administered to them.

We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff.

Medication was received monthly from the local pharmacy and was checked in by two members of staff. Returned medication was recorded, collected and signed for by the pharmacist.

All staff who were responsible for the administration of medication had completed training in safe handling of medication.

Regular checks on medicines' documentation were completed so that any concerns could be raised and dealt with promptly to keep people safe. The deputy manager also carried out checks to monitor medication and ensure the records were up to date and appropriately kept.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Elmsfield House was an older building that had been extended and adapted for use as a residential care home. During our visit we walked around the building looking at the environmental standards which were of a high standard. bedrooms were well decorated as were the communal areas. The provider employed a maintenance manager to ensure the any work needed to maintain the environmental standards was completed as soon as possible.

Accommodation was over two floors with bedrooms on the ground floor and upper floors, this being accessed by a stair lift. There was a large dining room and two lounges on the ground floor. The well maintained garden was accessible through patio doors in the dining room. There were bathing and toilet facilities on both floors and toilets situated not too far from the communal areas in which people spent their time.

The rooms were all for single occupancy with many having en-suite facilities and people we spoke with told us they were very pleased with their accommodation and the support received from the staff.

All the bedrooms were personal to each person with pictures, ornaments and photographs they had brought from their own homes. The two large lounges were at the front of the building and people said they enjoyed looking out of the windows at the beautiful views.

We could see there were suitable hoists, assisted baths, shower rooms and moving aids in use in the home to assist with the different mobility needs of people living there. We spoke to the provider who came into the home during our visit and they told us that they were responsible for all the risk assessments relevant to the building and environment. They completed a regular 'tour of the building' to ensure it was always a safe and accessible home for people with the emphasis on providing an environment created to support individual needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were care for by suitably qualified skilled and experienced staff that had been appropriately and safely recruited.

Reasons for our judgement

We could see from examining personnel and recruitment files that appropriate recruitment and security checks had been undertaken before staff began work with people living at Elmsfield House. Staff we spoke to confirmed that the security checks had been made and references taken prior to them starting work. There were application forms, interview records and employment histories on each file. We could see that references had been provided from previous employers and copies of documents confirming identification were also on each personnel file.

The deputy manager confirmed that all new staff completed an induction programme and 'shadowed' more experienced staff until they became confident in their role.

There was a very low turnover of staff who worked in this home and consequently staff were extremely knowledgeable about the people they supported and cared for. Staff had completed National Vocational Qualifications (NVQ) in health and social care at levels ranging from two through to five.

Staff supervision was ongoing and the those staff we spoke to told us they received good support from the manager and senior staff.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at this outcome so that we could be sure that there was a sufficient number of staff on duty both day and night to meet all of the assessed needs of the people who lived in Elmsfield House.

The home provided care and support for up to 29 older people and we were able to look at the off duty rosters showing the deployment of staff throughout the building. There were three support workers plus the manager on duty during the day and two support workers on waking night duty. The provider also employed catering and domestic staff.

We asked people about the staff and they told us they were happy with the care they received. "They [staff] are great. There always seems to be enough around". Another person commented, "I have a bell to press and when I do someone usually comes quickly".

We arrived at the home just after breakfast and found that many people were still sitting in the dining room chatting to the staff and each other

All the staff we spoke to told us they felt that, as the home had a couple of empty beds, there was enough staff on duty to provide an appropriate level of care but if there was a special need at any time they could ask the on the number of people living in the home but also the complexity of needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to assess and monitor the quality of service that people received.

Reasons for our judgement

We saw that the provider had systems in place to monitor the quality of the service and to check records were kept up to date. We saw evidence that monthly audits were completed on people's care records, medication records, risk assessments, infection control and fire safety procedures. These checks made sure people continued to receive the care they needed and protected their safety in the home.

All equipment was maintained under service level agreements and a recent visit by the fire department had confirmed all fire safety was in order. There was one suggestion made regarding part of the cellar and this was being attended to. The food standards agency had also visited recently and staff were told the home had retained its five star rating.

Annual survey questionnaires were sent to people who lived in Elmsfield House and their relatives and the replies were collated and acted upon wherever this was possible. The provider, who was also the registered manager, told us they and the senior staff were always available to speak to people and visitors and answer any questions they had.

Staff and team leader meetings were held regularly when opportunities were given for staff to discuss the running of the home. When we asked the staff if they felt confident enough to make suggestions they said they did and felt they would be listened to.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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