

Mr Paul Bliss

Leonard Elms Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Leonard Elms Care Home is a care home providing personal and nursing care to up to 37 people. At the time of our inspection, 37 people were living at the service. The service specialises in caring for people who are living with dementia. The Leonard Elms Care Home is in a rural location. Accommodation is provided in a purpose built new wing, which is attached to the older part of the property.

People's experience of using this service and what we found

People were protected from the risk of abuse and harm because the service assessed, monitored and managed the risks associated with their care. Information was recorded and shared appropriately to enable staff to help people get the care they required. Records were accurate, complete and up to date.

Staff understood people's health and wellbeing needs and referrals were made to specialist services as required. People were supported by staff who followed systems and processes to manage medicines safely. We were assured that people were protected by the prevention and control of infection. The living environment and equipment were regularly checked to reduce and manage risks.

There was a high level of staffing to ensure people could be supported safely with as little restriction as possible. Staff were safely recruited and received a wide range of training opportunities to ensure they followed current best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood the best ways to communicate with different individuals and showed kindness and compassion when interacting with people. People had opportunities to take part in activities that met their needs and were meaningful to them.

There was a supportive and caring culture where people's individuality and the importance of family was promoted and valued. The management team were visible and led by example. Staff felt supported and respected and enjoyed working at the service. Feedback from people, relatives and professionals was positive.

Governance processes were effective and monitored performance, kept people safe and encouraged the provision of good quality support. Actions were taken when shortfalls were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2019).

At the last inspection we found a breach of regulations relating to medicines and equipment safety. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the service implemented effective systems to ensure care plans were completed and kept up to date. At this inspection we found care plans were in place for everyone living at the service, and these were up to date.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 and 27 February 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Leonard Elms Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Leonard Elms Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert 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.

Service and service type

The Leonard Elms Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Leonard Elms is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Some people living at the service were unable to communicate verbally. We spent time observing people in the communal areas of the home to help us understand their experiences. We spoke with three people who lived at the service, and four relatives.

We spoke with 12 members of staff. This included the registered manager, deputy manager, dementia director and compliance director as well as nurses, senior staff and care staff. We received feedback from four professionals who had contact with the service.

The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included seven people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance and health and safety documents. We considered this information to help us to make a judgement about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found audits did not always identify shortfalls relating to medicines and medicines records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People received their medicines as prescribed and when directed. Systems and policies provided staff with guidance to achieve this.
- People's preferences for how they liked to take their medicines were recorded.
- The arrangements in place for the ordering, receipt, storage, administration and disposal of all medicines followed safe working procedures.
- Nurses administered medicines, and their competency was assessed and reviewed regularly to ensure safe procedures were followed. Some care staff were receiving additional training so they could support the nurses in administering medicines.
- Some people received their medicines covertly. This is when medicines are disguised in food or drink. Appropriate steps had been taken to ensure this was done in the person's best interests. Records gave staff clear guidance.
- We checked medicine records and found these had been fully completed. There were no gaps in the records, and if prescribed medicines were not given, the reason was recorded. A check of medicine stocks against records showed these were accurate.
- The provider had systems to manage errors relating to medicines.
- Internal medicine audits were carried out regularly to ensure good practice and standards were maintained. A further audit had also been completed by an external pharmacist

Assessing risk, safety monitoring and management

- At our last inspection, some bedrails presented a potential risk because they were not correctly positioned. At this inspection we found all bedrails were appropriately fitted, a system was in place to easily check positioning and regular audits were carried out.
- People were protected from the risk of harm because the service assessed, monitored and managed the risks associated with their care.
- We saw risk assessments in people's care records which had been regularly reviewed.
- Some people experienced episodes of agitation which could escalate into incidents of anger or aggression. Care records described potential triggers for individuals and gave clear guidance to staff about how to

support people while keeping them and others safe. This protected people's dignity and rights.

- There was a high level of staffing to ensure people could be supported safely with as little restriction as possible. Staff received training in managing and de-escalating risk situations.
- Regular checks and monitoring were in place to ensure environmental risks were assessed and safety maintained. We saw records which showed building, equipment and fire safety were regularly monitored and issues were addressed as required.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- The registered manager had a good understanding of their responsibility to keep people safe. Some people had moved from other services because their needs could not be met. People and their families were confident that everyone was safe at Leonard Elms Care Home.
- One relative told us, "I feel [Name] is safe. I can go home knowing that".
- The team worked with other professionals to review and manage concerns and reduce risks where possible.
- Staff received training about how to recognise and respond to safeguarding concerns. All the staff we asked knew what actions they should take to keep people safe. Staff told us they would act if they had any concerns. Comments included, "Definitely, people are 100% safe" and "If I'm not sure, I'll raise concerns anyway. We're really proactive about safeguarding".
- Information was available to people, staff and relatives about how to report concerns.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff understood they needed to seek verbal consent before they supported people with daily tasks such as food and personal care.
- Staff followed best practice when assessing people's capacity to make decisions in the best interest of the individual. This included involving other professionals and family members wherever possible.
- Systems and processes ensured individual capacity and decisions were regularly reviewed and monitored to ensure these were appropriate and continued to meet people's needs.

Staffing and recruitment

- People were supported by sufficient staff to meet their needs. One relative told us, "I went to see a couple of homes but here the staff ratios are better".
- Staff felt the number of staff on duty were suitable for the people who lived there. One staff member said, "There are enough staff. We all help each other, especially on tough days. It's a good team".
- The registered manager monitored staffing levels and altered these as and when people's needs changed.
- Professionals gave positive feedback about staff. One professional told us, "Staff are kind and attentive and

know the residents very well".

- A large number of staff had worked at the service for many years. There were always registered nurses and senior staff on duty, including at night. Some staff were employed as Dementia Leads and had additional training and expertise. The range of skills and experience helped to provide effective care and clinical leadership across the service.
- Staff were recruited safely by the provider, and all relevant checks were carried out before new staff started working at the service. This included criminal record and employment checks to confirm staff were suitable to care for people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported families and friends to visit in line with government guidance. At the time of our inspection, visiting was not restricted.

Learning lessons when things go wrong

- The management team analysed the findings from incidents, audits, complaints and concerns to identify improvements and learn lessons.
- Incidents and accidents were reported and investigated in a timely manner to keep people safe. Changes were made when necessary and learning was shared with the team.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Electronic assessment and care planning documents were in place for each person. These were detailed and provided a comprehensive picture of the person's care and support needs.
- Information was provided about what was important to people and how they wished to be supported. This included personal care needs, how to best meet individual dementia care needs, mobility, and eating and drinking.
- People or their relatives had been involved in creating care plans wherever possible.
- Staff knew people well and supported them in line with their preferences. People told us, "It's my choice" and "They know what I like". They felt care was focussed on them and staff knew how to support them.
- Care plans and risk assessments were reviewed each month or when people's needs changed. We found a small number of care plans had not been reviewed for 2 months. We highlighted this to staff during our inspection and managers planned to review and update the records.
- Staff received daily handovers to ensure they continued to support people in the way they needed and wanted. Updates, changes and needs were documented by staff in daily notes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was identified at assessment and documented in care records. This included noting whether a person required hearing aids or spectacles.
- Staff understood the best ways to communicate with different individuals. This information was shared with consent and when necessary.
- Although they could hear, read and understand messages, some people were not able to retain information. There were visual prompts to aid people's memory and orientation to time and place such as clear signage and information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were given opportunities to take part in activities that met their needs and were meaningful and stimulating. We were told about recent outings and events including a Christmas shopping trip and a person

who had recently gone swimming for the first time in many years.

- Activities were also available within the home, and activities staff co-ordinated events, celebrations and entertainment. A recent cinema day included an ice cream 'seller' and tickets for admission to the event.
- There was flexibility in the schedule of activities in order to meet people's changing needs and respond to a range of situations.
- The provider had worked with organisations who focused on improving people's quality of life through meaningful activity.
- Friends and families were actively encouraged to maintain and develop relationships with people who lived at the service. People and their relatives were positive about the face to face and telephone contact they had.

Improving care quality in response to complaints or concerns

- There had been no formal complaints, but information was available and processes in place to support people to raise concerns. The registered manager explained complaints or concerns would be taken seriously, investigated and lessons learned to improve the quality of the service.
- People told us they would speak with staff or the registered manager if they had concerns. One person said, said they would contact the registered manager, and were confident that staff would help them with this if necessary. A relative added, "If I wasn't happy, I would go to the manager, who is very approachable".
- Relatives said they would feel able to contact staff by phone or email at any time and told us they were always informed about changes and issues.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection.
- People were not usually admitted to Leonard Elms Care Home to receive end of life care, but steps were taken to ensure people could be safely cared for at the service if they became seriously ill.
- There was clear information documented when people expressed a wish to not be resuscitated.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not always ensured that care records were accurate and complete. Audits did not always identify shortfalls relating to medicines, and bed rails were set at the incorrect height. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their role and worked with the management team to meet regulatory requirements.
- Effective quality assurance processes were in place and the quality and safety of the service was well monitored. A wide range of audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved.
- There was a commitment to drive improvement and provide high quality, person-centred care.
- The staff structure meant there were clear lines of accountability and staff understood their roles and responsibilities. A new staff member told us, "I know what I need to do. Everyone's been really helpful".
- The registered manager had the skills, knowledge and experience to perform their role. They led by example and were visible in the service. They knew people and staff well.
- Staff told us the service was well led and they felt supported by the management team. Comments from staff included, "Management are approachable" and "Managers are open. There's been nothing but improvement here".
- Professionals were positive about the registered manager and wider team. One professional described Leonard Elms as the 'best managed' service they visited.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at Leonard Elms Care Home was supportive and caring. Staff and managers prioritised high quality personalised care which reflected current best practice. This was in line with the provider's mission statement which focused on the importance of identity, environment, family and education.
- The provider put research into practice by creating an environment which met the specific sensory, physical and emotional needs of people living with dementia.

- There was an emphasis on supporting relatives, who were referred to as 'extended family', and developing their knowledge and skills. This included a 6 week course for families of people who had been diagnosed with dementia. There were also a wide range of developmental opportunities for staff at different levels.
- The provider's values and mission statement had been developed in collaboration with staff. Staff were motivated by and proud of the service.
- People and relatives were positive about the care provided and praised staff. Comments included, "The staff are kind" and "The staff know what to do".
- Professionals gave positive feedback about the culture at the service. One professional said, "Their knowledge and care of the dementia residents is of a high standard, and they could teach the other care homes how it's done".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- Incident reports were reviewed by the management team, and the information was used to learn and make changes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw staff listening to people, offering choice and giving them time to respond.
- A strong emphasis was placed on involving family and friends in the service. For example, through regular coffee mornings and family events away from the service. There was a focus on family involvement, support and education in the provider's mission statement. Staff at all levels knew family members well and valued their role in people's lives.
- There were systems in place to obtain feedback from people, relatives and staff about the running of the home. Feedback was good and comments were used to continue improving.
- Professionals told us communication with the service was good. One professional noted, "Communication between the care home and our team is very good".

Continuous learning and improving care

- There was a strong focus on continuous learning and the development of the service. Action was taken to address shortfalls and learning was shared.
- There was a clear ambition to provide high quality care which reflected current best practice and provided a good quality of life to people living with dementia. The provider kept up to date with research and policy to inform improvements to the service.
- There was a commitment to investing in the service, embrace change and deliver ongoing improvements.
- The service had received several compliments. Comments included, "I can't tell you how wonderful the care is, the staff are dedicated, experienced and inclusive. They are so caring" and "The care of my [relative] is exemplary. The staff are kind and caring to both myself and my [relative]".

Working in partnership with others

- The provider worked with other health and social care services to promote good outcomes for people. Staff made referrals to other services, such as dieticians, specialist mental health teams and GP surgery for advice and support and to improve people's health and wellbeing.
- The provider worked closely with other professionals, including the local authority, to continue to improve and develop the service.
- Staff engaged in improvement activities to enhance the care people received. For example, there were

strong links with the dementia centre at Stirling University and staff were trained in positive behaviour support and best practice in dementia care.