

Scio Healthcare Limited

# The Elms Nursing 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

### About the service

The Elms Nursing Home is registered to provide accommodation for up to 48 people. The home provides both personal and nursing care support to older people including those living with dementia. The home also provides short term rehabilitation support for people. At the time of the inspection the home accommodated a total of 41 people.

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

People were happy living at The Elms Nursing Home and spoke positively about the care they received and the running of the service.

We received mixed views from people and relatives in relation to the staffing levels. However, throughout the inspection we observed staffing levels were appropriate to meet people's needs and staff were available to people and responsive to people's requests for support in a timely way. Following our feedback on people's views about staffing levels, the management team agreed to investigate this. Recruitment practices were safe and effective.

Although people told us they were involved in their care, some of the feedback we had from relatives highlighted they did not always feel involved or included in people's care and were not always updated of changes in people's needs. This had been identified by the management team prior to the inspection and plans were in place to address this.

The home was clean and there was a homely, welcoming and happy environment. Environmental risks had been considered and acted on where required. There were up to date policies and processes for the management of infection, prevention and control and the provider, management and staff adhered to the latest government guidance.

People's care plans and risk assessments contained information about their needs and how these should be managed. People's health and wellbeing was monitored in line with information highlighted in their care plans and risk assessments.

Safe systems were in place in relation to medicine management and people received their medicine as prescribed.

People were protected from avoidable harm. 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 had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role. People were

provided with enough to eat and drink.

People's needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs.

People were supported to partake in a range of activities centred around their particular interests. There was a person-centred culture within the service.

The service worked in partnership with other agencies to aid joined up, person centred care provision.

Effective and robust quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

Throughout the inspection the management team showed a commitment to wanting to provide people with person centred, safe and effective care. They were open, transparent and responsive throughout the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last overall rating for this service was requires improvement (published 19 November 2019) and there was a breach of regulation. 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.

#### Why we inspected

This inspection was prompted due to the previous rating of the service. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms Nursing Home on our website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# The Elms Nursing 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

The inspection was completed by 2 inspectors who visited the service and completed the site inspection and an Expert by Experience who contacted people and relatives by telephone. 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 Elms Nursing 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. The Elms Nursing Home 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.

Inspection activity started on 18 January 2023 and ended on 27 January 2023 We visited the service on 18 and 25 January 2023.

What we did before the inspection

We reviewed the information we had received about the service, including the previous inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 plan our inspection.

During the inspection

We spoke with 12 people who used the service about their experience of the care provided and 13 relatives. We spoke with 16 members of staff including members of the senior management team, the registered manager, the deputy manager, a member of the maintenance team, two chefs and care and nursing staff. We observed care being provided. We reviewed a range of records, including eight people's care records in detail, and 10 people's medicines records. Four staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's policies and procedures were also reviewed. We received feedback from five health and social care professionals.

# 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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Throughout the inspection we observed staffing levels were appropriate to meet people's needs. Staff were available to people, had time to chat and were responsive to requests for support in a timely way. There was a relaxed atmosphere in the home, and we observed staff supporting people promptly. However, we received mixed views from people and relatives in relation to the staffing levels. A person told us, "They [staff] respond to the call bells quickly, it's improved over the last few months." A friend of a person said, "I just have complete confidence in the set-up. There's always staff about who look in on [person] to see if they are ok. I definitely think they get what they need." However, other comments included, "They seem short staffed. All staff seem to be very caring and busy. You don't see any staff sitting around," and "Staff, they are pretty stretched." Additionally, a healthcare professional said, "I didn't think there is enough staff, call bells are often ringing for long periods."
- Staff told us they felt there was enough of them to meet people's needs and provide people with the support they required. Staff comments included, "I do feel there is enough staff, we can be busy but there is enough of us" and "We try to make time with people, and staff can vary as sometimes it can be very busy, but we do have time to speak to people and care."
- Staffing levels were determined by the number of people using the service and the level of care they required. These were continually reviewed by the management team through the use of a formal assessment tool and the completion of call bell audits to monitor staff response times. Additionally, the management team regularly monitored staffing levels by observing care and speaking with people and staff to ensure staffing levels remained sufficient.
- We reviewed the electronic call bell log which allows times of calls and responses to be monitored. This showed call bells were usually answered within an acceptable time limit, however we did identify one day where response times were longer than usual. This was discussed with the management team who agreed to look into this and to review the staffing levels.
- Safe and effective recruitment practices were followed. We checked the recruitment records of 4 staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- Care plans and risk assessments were clear, detailed and robust and provided appropriate guidance to

staff to help them mitigate risks to people.

- However, we did identify where people were at risk of pressure injuries, risk assessments and care plans did not always contain clear and detailed information for staff to follow in relation to the frequency of position changing. This was discussed with the management team on day 2 of the inspection and action was taken to immediately address this. The risks from this were mitigated as staff spoken with were clearly aware of who needed support to change their position and the frequency this support was required.
- Where people required equipment to support them to move safely, the type, size and setup of the equipment was detailed within their risk assessments and care plans.
- Diabetic risk assessments were in place for people as required. These contained clear and detailed information for staff. This included the frequency for monitoring people's blood sugar levels, their individual normal range, signs and symptoms which would indicate they were experiencing unstable blood sugar levels and guidance for staff about what actions should be taken.
- There were effective fire safety arrangements in place. Fire risk assessments had been completed by a suitably qualified professional and each person had a personal emergency evacuation plan (PEEP) in place. These PEEPs identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Equipment, including, hoists and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to legionella disease.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff provided safe care at The Elms Nursing Home. A relative said, "We all feel he's safe there because he knows the staff well and they know him well. There's always 2 staff using the equipment when transferring him to a chair." A person told us, "I don't worry, it's very good here."
- There were effective systems and processes to safeguard people from the risk of abuse.
- The provider had safeguarding policies and procedures in place which were understood by staff and followed.
- Staff received training to know how to safeguard people from abuse. They understood how to identify and report safeguarding concerns. A staff member said, "I would report any concerns, check if the person was ok and remove them from the situation if they were in danger. I would report to the manager, but if they didn't do anything I would report to [local authority] safeguarding."
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.
- We saw records which confirmed where abuse was suspected, investigations were completed and effective actions taken.

Using medicines safely

- People's medicines were stored, managed and administered safely.
- The provider used an electronic system for medicines management, including medicine administration records (MAR). This used a traffic light system to alert staff to which medicines were due to be administered and when. The system also alerted staff if a medicine had not been administered. This helped to reduce the likelihood of errors occurring. A review of the MARs confirmed people had received all their medicines as prescribed.
- People told us they had no concerns about their medicines and received these when they needed them.
- Person centred medicines care plans were in place which provided information for staff on how people liked to take their medicines and included important information about the risks or side effects associated.



- Staff had received training and their competency was assessed to check they administered medicines correctly.
- The management team undertook regular audits of medicines and medicine records to ensure processes were safe.
- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.
- There were safe systems in place for people who had been prescribed topical creams.

#### 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

- People could have visits from their friends and relatives when they wanted to. This was only restricted if there was an increased risk from infections.

#### Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits of all incidents and accidents were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- People's needs were assessed before moving into The Elms Nursing Home. This included their physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- We identified information had been sought from people and professionals involved in their care, when required. Information from these assessments had been used to develop a plan of care. However, relatives told us they did not always feel involved in care planning and updates in relation to people's care. This is further reflected on in the Well Led section of this report.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and to monitor people's weight.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. Staff spoken with, confirmed they had completed the induction programme when they started working at The Elms Nursing Home and found it helpful.
- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People made positive comments in relation to the skills and knowledge of the staff. A person told us, "The staff are wonderful, they are all really well trained. I couldn't ask for better." A relative said, "They [staff] know what they are doing."
- Staff completed training which included; safeguarding, infection control, moving and handling and medicines. Additional training was also provided in relation to specific needs, such as diabetes and pressure area care. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.
- There was a process in place to monitor the training staff had received and ensure training was updated in a timely way.
- Staff received regular one to one supervision with a member of the management team. These sessions of supervision provided an opportunity for the management team to give staff feedback on their performance, discuss any concerns, offer support and identify learning opportunities to help them develop.
- All staff spoken with told us they felt very well supported by the registered manager, who they could approach at any time. A staff member told us, "I get support when I need it and can go to the [registered] manager anytime, she [registered manager] is really good."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Most people and relatives were positive about the food provided. People's comments included, "The meals are wonderful" and "The food is pretty good." A relative told us, "It's a really good menu, with lots of choice. They [staff] know [person] is extremely fussy about food and will always provide choice and alternatives."
- Each person had a nutritional assessment to identify their dietary needs and preferences. Where needed, people received appropriate support to eat and were encouraged to drink often. A relative told us, "They know [person] is poor at drinking and often forgets to finish it. They [staff] verbally encourage them to finish the glass and often test for a urine infection."
- Staff monitored people's dietary needs and risks, such as those related to diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external healthcare services when needed. Care records confirmed people were regularly seen by doctors, opticians and specialist nurses.
- People's specific healthcare needs were being appropriately met within the service. For example, we saw where people had wounds, records showed these were safely managed. In addition, where people had a specific known medical need such as diabetes, records showed routine monitoring was undertaken appropriately.
- Additional training for staff was sourced if people had a specific healthcare need that required specialist care.
- People told us they received healthcare support when they needed it. One person said, "I always get my medicines and if I need a doctor, they [staff] don't hesitate." Another person told us, "I see the doctor regularly."
- A health professional told us, "People at The Elms get brilliant attention in relation to their medical needs and are well looked after. We work well together." Another healthcare professional told us, "The staff are very professional and deal with situations very quickly and ensure residents [people] are cared for correctly."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Detailed person specific documentation was in place to support this.

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

- The Elms Nursing Home is set over three floors with bedrooms on all floors. Floors could be accessed by people, staff and visitors via a passenger lift and staircases.
- All bedrooms were for single occupancy with ensuite facilities. In addition, the home had assisted bathrooms suitably equipped to support people with high care needs.
- There was a number of communal areas available to people, including three dining areas and two lounges which allowed people the choice and freedom to choose where they wished to spend their time. There was also a hairdressing room and accessible kitchen for people to access to allow them to maintain or regain their independence.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
- The home was decorated to a good standard and displayed ornaments and visual displays which would provoke people's interests. For example, within one dining area there was a fishing and sea theme.
- Fixtures and fittings had been designed with the needs of people living with dementia or visual

impairment in mind. Where necessary, signs and colour schemes supported people. For example, handrails were a contrasting colour to the walls, making them more readily noticeable to people and suitable signage was displayed to support those moving around independently to find their way.

- The garden area was accessible and well maintained with a number of seating areas for people to enjoy.
- There was a rolling maintenance programme to ensure the building remained fit for purpose.

#### 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with care and support and this was confirmed by people we spoke with.
- MCA assessments had been completed where required, in relation to specific decisions and best interest decisions had been made with the involvement of the person, family and appropriate health professionals.
- Where applicable, the management team had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Any conditions in authorisations were included in people's care plans and kept under review.
- Throughout the inspection we observed staff providing choices to people, listening and respecting their decisions. A relative said, "They [staff] give [person] choices and if they refuse to do something (like personal care), staff respect that and leave her alone for a while before trying again, rather than insist she does it."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last comprehensive inspection completed in September 2019 we identified the provider had failed to ensure sufficient staff were deployed to enable people to be treated with dignity and respect. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of regulation 18.

- We received positive comments from people and relatives about the caring nature of the staff. Comments included, "I am very happy here, the staff are very nice", "It's brilliant, I'm comfortable and the staff are really kind and friendly", "The staff are always happy and kind. [Name of staff member] is like a breath of fresh air" and "I can't fault it here it's amazing the staff are all wonderful."
- Throughout the inspection we observed people appeared relaxed and happy and had developed good relationships with staff.
- Staff spoke fondly of the people they cared for and demonstrated a commitment to providing them with high quality care that fully considered their personal preferences and individual needs. Staff members comments included, "This is their home and we want them to enjoy their life as much as possible living here" and "We get to know people well and treat everyone with equality in doing what is right for each of them."
- People's diverse needs were detailed in their care plans and people confirmed they were met in practice. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Staff had received equality and diversity training.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of food and drinks, activities and asked people where they would like to spend their time.
- People's likes and preferences for how they wanted care to be delivered were described in their care plans, for example, whether they had a preference for male or female carers and the kind of activities they enjoyed.
- We received mostly positive views from people and relatives in relation to personal decisions about day to day aspects of their care being respected. For example, a person said, "I can have a bath when I want, if I want one." Another person told us, "I can get up and go to bed when I want." However, other comments included, "At times, staff aren't able to support me to go to bed when I want to or keep me waiting, it depends on the time of day" and "[Person] loves a bath but staff don't always offer or provide one." This was

discussed with the management team who agreed to discuss this with staff and implement systems to ensure baths/showers were provided and offered. We noted from our observations that people looked clean, tidy and well kempt.

- We reviewed records of resident's [people's] meetings which were held regularly. The minutes of these meetings demonstrated people were provided with an opportunity to share their views about the care provided, were involved in planning future events, were consulted on any changes happening and could discuss any concerns they may have.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided support in an individualised way.
- We observed staff took steps to protect people's privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- People and relatives confirmed privacy was respected by staff. A relative said, "I notice when staff come in to change him, they close the curtains." A person told us, "They [staff] do respect my privacy. It can be embarrassing needing help with private things, but staff understand this and are discreet about things."
- Staff understood the importance of supporting people to remain independent.
- People's care records detailed information about their abilities, what they could do independently and where additional support may be required. People confirmed staff encouraged them to do what they could for themselves.
- We observed staff supporting people to maintain their independence, by offering encouragement to do things, ensuring they had equipment available to them, such as walking frames and by cutting up food where required to help ensure they could eat independently.

# 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

- The management team and staff demonstrated they understood the importance of providing people with person-centred care and support. A staff member told us, "I like to find out what people did before in their life and feel it is really important to get to know them well and what is important to them."
- Care plans had been developed for each person. Information in care plans was detailed and person centred and included information about people's life history, their likes and dislikes and specific health and emotional needs.
- We received mixed views from people and relatives in relation to the staff's level of understanding of people's needs and likes and dislikes. For example, a relative said, "They know mum well." People's comments included, "Oh, the staff know me well, we have banter. I have been here a while and it's the best it has been" and "The staff couldn't be any better, they definitely know what I need." However, some relatives were not confident their loved ones were provided with personalised care. Relative's comments included, "I'm not sure they know her likes and dislikes with food" and "I'm not sure if [person] always gets the care specific to their needs." This is further reflected upon in the well led section of the report.
- Staff were clearly knowledgeable about the people they supported, and we heard them talking to people about their interests and families.
- Staff worked together well to deliver timely, effective and responsive care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs.

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.

- People's communication needs had been identified and recorded within their individual care plans. This included guidance for staff on how to best communicate with people. For example, within one care plan it stated, 'Staff are to talk slowly at a pace which [person] can follow, using short and simple structure sentences, which [person] appears to be able follow easier.'
- The registered manager told us they actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Documents could be provided to people in a variety of formats, for example, easy read, large print or pictorial, if required. This ensured all people were provided with information about their care in a way they

could understand. We saw evidence that people were provided with information in picture form and had access to letter boards, as required.

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

- The service employed an activities coordinator whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation. The service was also in the process of employing additional staff to the activities team to ensure more people could be supported to be involved in activities of their choice.
- There was a varied activities programme in place for people to take part in if they wished to. Activities included, quizzes, singing, baking and arts and crafts. A relative told us, "[Person] is happily involved in lots of different activities and loves the fact they get the animals in or they all sing together. They are not just plonked in front of the TV." A person told us, "There are things going on, I don't get bored."
- As well as planned activities, staff were mindful of other things people liked to do which gave them a sense of purpose. For example, a staff member told us, "We have one person who likes to clean and wipe. We support them to do this as it is important to them."
- People were involved in choosing the activities they took part in and ideas were discussed with them on a one to one basis and during residents' meetings. People's ideas were listened to by the management team and acted on. In addition to day to day activities, themed meals and activities for special occasions were provided. For example, during the inspection Chinese New Year was being celebrated.
- People were also provided frequent opportunities to go on outings included to the local village, cafes and places of local interest.

Improving care quality in response to complaints or concerns

- There were systems and processes in place for logging, recording and investigating complaints or concerns. Any complaints or concerns received were acted upon immediately, investigated and action taken where required.
- People and relatives knew how to complain and were confident actions would be taken in a timely way if issues were raised.

End of life care and support

- End of life wishes had been considered for people living at The Elms Nursing Home. People's care records contained information in relation to how they wished to be cared for at the end of their life, including their end of life wishes and preferences.
- Staff had received training in end of life care. The registered manager told us, "We always consider people's wishes, we want them to have a comfortable, pain free and good death."
- The management team had developed links with the local hospice and described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free death.



# 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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although people told us they were involved in their care, feedback from most relatives highlighted they felt they were not always involved in people's care and not always updated on changes in people's needs. Relatives comments included, "I've had no involvement in it or read it, [care plan]", "The Elms didn't approach me about [person's] care plan or have discussed their end of life care" and "I've never been invited into the office or shown around. I couldn't build any kind of rapport with staff or management to begin with but it's getting better." Other relatives were more positive about their involvement. One relative said, "I think it's well led. The manager has a good relationship with the staff." Another relative told us, "I get regular phone calls from the nurse telling me if there's anything wrong." We discussed this with the management team who confirmed these concerns had been identified in the latest quality assurance survey sent to relatives in January 2023 and plans were in place to address this. These plans included, inviting relatives to 3 monthly reviews, where appropriate and regular drop-in sessions.
- During the inspection we observed a relaxed and calm atmosphere in the home and people were comfortable speaking to the staff and asking them for support when required. A person told us, "I am very happy here, the staff are so kind and friendly." Another person said, "It couldn't be any better, I would rather be at home of course, but this is definitely second best." A relative told us, "The staff appear to be quite a happy team and that often reflects through to how they deal with the residents [people]." Another relative said, "The staff appear to always put their residents first; this can lead to staff being less available to relatives on occasions. With limited resources, this is the right way around."
- Feedback was actively sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys, group meetings and on a one to one basis. Feedback surveys were given out annually. The service was able to demonstrate feedback was analysed and action taken where needed.
- Staff were positive in their roles and worked well as a team. One staff member said, "We have a good team of carers and our [registered] manager is really good and very approachable. She listens to suggestions or concerns; she will take action and resolve things where able to." Another staff member told us, "I feel more supported with the new manager and the deputy is very knowledgeable and committed."
- The provider had taken steps to ensure staff felt valued which had been effective. A staff member told us, "We have had a staff party to celebrate all our hard work, which the provider paid for." We also get long service certificates and champagne given to those staff. I've just had mine. We also have things like a raffle to win things."

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

- The provider had robust systems and processes in place to assess, monitor and improve the quality and safety of the service. This included audits which were completed regularly for areas such as, care plans, medicines, call bells, mattresses and mobility equipment, falls, infection control and the environment. All completed audits resulted in an action plan being completed, where required.
- Where issues were identified through the provider's governance systems, action was taken in a timely way.
- There was a clear management structure in place, which consisted of the provider, a registered manager and a deputy manager, as well as the wider management team; each of whom had clear roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service.
- Staff understood their role in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care which treated people with dignity and respect.
- Staff performance was closely monitored by the management team through one to one meetings and observational supervisions. In addition, they, completed spot checks and observed staff perform their daily tasks. Where necessary action was taken to address issues identified during these checks.
- People, relatives, staff and professionals felt there had been improvements in the service. A person told us, "I think things are better than the used to be." A staff member told us, "The company is good to work for and supportive and they have improved some systems so things are better."
- The previous performance rating was prominently displayed in the reception area and on the providers website.
- CQC were notified of all significant events that occurred in the service.

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 management team was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- The management team demonstrated an open and transparent culture in the service and were open and responsive to comments and suggestions.

Continuous learning and improving care

- There was an emphasis on continuous improvement to ensure people were provided with safe, effective and person-centred care.
- There were robust systems in place to help ensure the management team were proactive in identifying issues or concerns to allow action to be taken and to prevent a reoccurrence. All aspects of the service were monitored frequently including, complaints, accidents, incidents and near misses.
- The provider had a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. People's care records also demonstrated partnership working with external health and social care professionals.
- External health and social care professionals were positive about their interactions with the management team. A healthcare professional told us, "We work well together and if I ask staff to do something they

usually always follow through. There is a system in place that it would be spotted if they didn't." Another healthcare professional said, "The nurses and care practitioners [staff] are very knowledgeable about their residents [people] and always willing to talk to me."

- The registered manager had regular contact with the provider's senior management team who provided internal and external updates. Throughout the inspection a member of the provider's senior management team was present to support the registered manager.