

Premcard Limited

# Elm House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Elm House Nursing Home is a residential care home providing personal care to up to 32 people. The service provides support to older people, including those living with dementia. At the time of our inspection there were 31 people using the service.

Elm House Nursing Home is a large, adapted house with 4 floors, with lift access to all floors. There was a communal lounge and a dining room located on the ground floor. People also had access to a private and enclosed rear garden.

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

Some checks about the safety of the environment were not up to date. (Fire safety and window restrictor checks were overdue for completion). Systems to analyse risks to help identify any trends or patterns required strengthening.

We have made a recommendation about the further development of risk management processes.

We were assured people received care and support based on their needs, however, some care plans required additional detail to provide specific guidance for staff.

Risks to people's health and safety were assessed. Staff had access to information about how to manage and mitigate people's identified risks, to support them in a safe way.

People were protected from avoidable harm and abuse. The home had effective safeguarding policies and processes in place.

Staff were safely recruited and there was enough staff on duty to meet people's needs in a timely way. Many staff members were long standing and were familiar with people's needs. People and staff told us they thought of the home as 'one big family.'

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 and were followed by the provider in line with the Mental Capacity Act.

Some management systems to identify and manage risks to the quality of the service required strengthening.

We have made a recommendation about further developing governance and performance management.

We received positive feedback about the management team from people, their relatives and staff.

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 rating for this service was good (published 21 July 2017).

#### Why we inspected

This inspection was prompted by the age of the last rating. As we had received no concerning information about the service, we carried out an inspection of the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

The overall rating for the service has remained Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm House 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Elm House 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.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Elm House 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. Elm House 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 not a registered manager in post. A new manager had been in post for 10 months and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 carried out a walk round of the home to ensure it was safe and suitable to meet people's needs. We also observed the delivery of care and support at various times throughout the day. We spoke with 5 people who lived at the home, a representative for the provider, the manager, the deputy manager, the cook, the maintenance person, the administrator, the activity co-ordinator, the head of care and 2 members of care staff.

We looked at records in relation to people who used the service including 3 care plans, medication records and systems for monitoring the safety and quality of the service provided. We also looked at quality assurance records.

#### After the inspection

We spoke with 3 relatives of people being supported at Elm House Nursing Home, to help us understand their experience of the care and support received by their loved one.

# 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 has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Some safety checks of the environment were not up to date. For example, some fire safety checks were slightly overdue and window restrictor checks had not been completed for the past 2 months.
- We discussed this with both the manager, provider and maintenance person who responded to our concerns immediately.
- Information about risks and safety was up to date. However, systems to analyse this information to help identify themes or patterns required development, to help staff better understand how to minimise future risks and further promote safety. We have reported on this further in the well-led section of this report.
- People had Personal emergency evacuation plans (PEEPs) in place. PEEPs are plans to help people evacuate a building or reach a place of safety, in the event of an emergency or fire.
- People and their relatives told us they felt safe living at the home. People told us, "Yes, I feel safe" and "I feel nice and safe here." A relative confirmed, "[Name] is safe, when I leave the home, I have no worries at all that [Name] is not well looked after."

### Using medicines safely

- Although we were assured people were supported to receive their medicines safely, we were not assured staff always kept accurate medicines records. We have reported on this further in the well-led section of this report.
- People told us they felt staff supported them to take their medicines safely. One person told us, "I get my medicines as I should, I need painkillers for headaches, and I get them on time."
- Where people were prescribed PRN medicines (as and when required medicines), people's medicines records contained written guidance, to help guide staff as to when these medicines should be administered.
- Medicines policies and protocols were in place to help staff to meet good practice standards.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Effective safeguarding systems and procedures were in place to help manage any safeguarding concerns in a timely and appropriate way.

### Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People's needs were met in a timely way by staff who knew their needs and preferences well. Comments from people included, "If I ring my call bell, staff come quick and help me" and "Staff know me well."
- The provider operated safe recruitment processes. However, we discussed with the manager the

importance of ensuring all employee references were clearly dated.

#### Learning lessons when things go wrong

- Although, the provider learned lessons when things had gone wrong, better written records of accident analysis was needed.
- Any incidents or accidents were discussed amongst the staff team, to help mitigate the risk of any recurrence and further improve practices. One member of staff confirmed, "The communication in the home is excellent, we have thorough handovers where everything is discussed."

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.

#### Preventing and controlling infection

- We were assured 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 could be effectively prevented or managed and the infection prevention and control policy was up to date.
- We observed the home to be clean and well maintained. A relative told us, "I visit daily and the home is always spotlessly clean."

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We witnessed people enjoying visits from their loved ones during our inspection, and the beneficial impact this had on people's well-being.
- Relatives were accommodated to stay overnight when additional support was required by a person, for example, during end-of-life care and support.



# 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 has changed to requires improvement. This meant the service management and leadership was inconsistent. Although we were assured leaders and the culture they created supported the delivery of high-quality, person-centred care, governance oversight required improvement.

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

- Although systems were in place to identify and manage risks to the safety and quality of the service, not all health and safety checks were up to date, meaning governance performance management was not always reliable. Some fire safety checks were overdue and window restrictor checks had not been completed for the last 2 months. (By the end of the inspection process, all actions had been completed.)
- Although any accident and incidents were recognised and recorded, systems to analyse patterns and trends required further strengthening, to help further improve safety and reduce any related risks. For example, accident analysis did not include details of location, time and action taken post accident.
- Medicines records were not always maintained in an accurate and reliable way. For example, some stock balance checks did not correspond with what was recorded on some people's MAR (Medication Administration Record) charts. (We spoke to the manager about this and after some investigation, there was found to be administration error in the recording of some stock balance medicines.)
- Although we were assured people received the care and support they required, some care records required more detailed person-centred information to help provide guidance for any new members of staff. For example, one person's care plan contained an instruction for staff to 'reposition them regularly'. Further information was needed to detail how often these checks should be made.
- People's daily care records did not always best evidence the support which had been provided, for example, where people's fluid output was monitored, this had not always been consistently recorded.

We recommend the provider reviews its governance systems to ensure any risks to the safety and quality of the service are identified and managed in a timely way.

- The manager had recently appointed a deputy manager to help support with the running of the home and to help further drive-up improvements. Both the manager and provider began acting on our findings during the inspection process.
- People and relatives told us they knew who the managers were and spoke positively about them. One person told us, "I know who the managers are, I am happy here and there's nothing I would change." Relatives commented, "[Manager's Name] went above and beyond for Mum, I can't fault them" and "[Manager's Name] and in fact all the staff, could not be more supportive or have more empathy, the team here are superb."
- Staff were keen to tell us how valued and supported they were by the management team. Comments

included, "I feel listened to and can approach the managers at any time" and "[Manager's Name] is supportive and approachable and does their utmost to support and help us."

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

- The manager helped shape a positive, person-centred, open and inclusive culture at the service. These values were understood, shared and practiced by staff. Comments from staff included, "It's one of best places I've worked in, for its homely atmosphere and quality of care" and "It's really a home from home here, we treat people as we would treat our own grandparents."
- It was clear staff thought highly of the people they supported. One member of staff told us how they gave up their own time before their shift began to help with a person's morning routine, so that the personal preferences of the person was accommodated.
- Positive outcomes were achieved for people. The service had 3 beds commissioned by the NHS to provide support for people discharged from hospital. The manager was able to share examples of successful rehabilitation for people had been able to return to their own homes, who because of positive staff support.

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 provider understood their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- A transparent and open approach was adopted. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People had a say in the running of the service. Where people were not able to express their views, families and significant others were consulted to help people and relatives feel engaged with both the home and their loved one's care and support.
- Although we were assured people were fully consulted about their care and support, we discussed with the manager the need to introduce more formal methods of feedback such as regular feedback questionnaires.

Continuous learning and improving care

- The manager created a learning culture at the service which improved the care people received.
- Staff told us how they valued the 'hand overs' provided at the beginning of each shift during which they discussed the current care needs of people which helped them to consistently deliver person centred and high-quality care.

Working in partnership with others

- The provider worked in partnership with others.
- The manager and provider worked in partnership with external organisations to support holistic care provision to help ensure people received an experience based on best practice outcomes and choice and preference.