

Alhambra Care Limited

# Elm Lodge Residential Care Home

## Inspection report

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Tel: 01924262420

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Elm Lodge is a residential care home providing personal care to people aged 65 and over. The service can support up to 17 people. Elm Lodge is a converted property. It has communal areas on the ground floor with bedrooms on both the ground and first floor. At the time of the inspection 16 people were living in the home.

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

The provider had taken action to ensure people's care met their needs and preferences. Risk assessments were in place and reflected people's needs. The home and equipment were clean.

People told us staff were caring and kind and listened. We saw staff interacted with people with warmth. 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. People were provided with opportunities to take part in meaningful activities.

Systems of governance were improved since the last inspection. Quality monitoring systems highlighted and addressed shortfalls in the service. People were generally happy with the care provided and felt consulted and valued. An accurate, complete and contemporaneous record was maintained for each person.

Improvements had been made to staff recruitment records to show staff were recruited safely and there were enough staff to meet people's needs. The provider had continued with their schedule of redecoration and improvement of the building. Staff had received medicines training and we observed a member of staff administering people's medicines safely.

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 requires improvement (published 15 October 2020) and there were breaches 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.

At our last inspection we recommended the registered provider considered staffing requirements to ensure all aspects of the service were operating in line with good practice guidance. We recommended the provider considered current guidance on medicines management and took action to update their practice accordingly. At this inspection we found the provider had acted on the recommendations made and had made improvements in these areas.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check the provider 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, Caring, Responsive and Well-led which contain those requirements.

For those key question not inspected, we used the rating 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 Elm Lodge Residential Care 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.

We continued to seek clarification from the provider to validate evidence found.

## 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 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** ●

# Elm Lodge Residential 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 an inspector 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

Elm Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced. We visited the service on 29 March 2022. The inspection activity ended on 20 May 2022.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We toured the building and spoke with eight people who used the service and one visiting relative about their experience of the care provided. We spoke with one visiting health care professional. We also spent time observing people's care and interaction with staff in the lounges and dining areas to help us understand the experience of people living at the home.

We spoke with the registered manager, two member of ancillary staff and five members of the care team, including senior carers.

We saw the day to day care records, risk assessments and care plans for three people. We observed people receiving their medicines and looked at three people's medicines records. We also saw monitoring records in relation people's nutrition and hydration, weight and oral care. We looked at personnel and recruitment records for three staff.

After the visit we reviewed further records in relation to the management of the service, which were provided to us remotely. This included records relating to the provider's quality and safety systems and processes, including audits and meeting minutes.

We held a remote, online meeting with members of the management team on 20 May 2022 to discuss our findings.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

At the last inspection the premises and equipment were not clean. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with the current government guidance.

### Assessing risk, safety monitoring and management

At the last inspection risks to people's health and safety were not always robustly assessed and reviewed to ensure they were an accurate reflection of people's care and support needs. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The service assessed and managed general and individual risks appropriately.
- Staff were aware of people's individual needs and areas of potential risk. This was supported by our observation of, and discussion with staff. Where risks had been identified these had been assessed and

planned for.

- Individual risk assessments for issues such as falls, nutrition and mobility, were documented within people's care records. These were kept up to date.
- Staff received training in the core areas of health and safety, including fire safety. Fire drills were undertaken and people were periodically reminded of the fire evacuation procedure as part of their residents' meetings.
- Regular checks were completed to ensure the premises and equipment were safe and maintained.

#### Staffing and recruitment

At the last inspection we recommended the registered provider consider their staffing requirements to ensure all aspects of the service were operating in line with current good practice guidance. The provider had made improvements.

- The provider had systems in place to make sure staff were recruited safely.
- The staff files we looked at included the required documentation to show new staff were employed after the provider had completed a range of recruitment checks. This helped make sure staff were of suitable background and character to work in a care setting.
- There were enough staff on duty to make sure people's needs were met.
- Staff made themselves accessible and responded to people's needs and requests in a timely way. People and a relative confirmed this. Although, some people felt staff were often very busy. One person said, "You don't wait long. I think there are enough staff." Another person said, "Just about enough, sometimes they are bit pushed and they work very long hours. You can press the buzzer if you want to. You don't wait long for anything."

#### Using medicines safely

At the last inspection we recommended the provider consider current guidance on medicines management and take action to update their practice accordingly. The provider had made improvements.

- The service had systems in place to help make sure medicines were managed safely. The way medicines were managed and audited was clear and well organised.
- People received their medicines as prescribed. People's needs and preferences in relation to their medicines had been assessed. Overall, people we spoke with said they were happy with the support they received with their medicines.
- Information and guidance were available to staff for when people needed medicines that were given 'as required' (PRN).
- Staff completed medicines training and had regular competence checks to make sure their skills remained current.
- Regular counts and checks were completed by staff; in the event of any errors these would be quickly identified and rectified. There was a clear procedure for staff to follow in the event of a medicines error.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Systems were in place to help safeguard people from the risk of abuse.
- People we spoke with told us they felt safe living at Elm Lodge. For instance, one person said, "We are safe here because we are well looked after. The people are lovely and the carer's care for you properly, they are very good to you."
- Staff had completed training in safeguarding and were aware of how to raise concerns if they witnessed poor practice.
- The provider had learned lessons from previous issues at the home and implemented changes where necessary.



- The provider and registered manager had open and positive attitudes towards learning lessons when things went wrong.

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.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question 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 our last inspection people's individual preferences were not always recorded or adhered to. This was a breach of regulation 9 (Person Centred Care) 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 9.

- People told us their preferences and choices were promoted and respected.
- People told us staff respected their choices. They were able to go to bed and get up and bathe when they wished. One person was enabled to keep their pet in the home with them.
- A relative told us staff at the home kept them informed about their family member's care and support. They said when they phoned, staff answered promptly and never rushed their calls with their loved one. They added, "Staff are not just following a routine, they seem to have time to talk to people."

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

- People were involved in the creation and development of their care plans.
- People told us they were encouraged and supported to make decisions about their care and staff were respectful of their decisions. This included which staff member was their key worker.
- People said staff listened and they were appreciative of the way staff made time for them. One person said, "[Staff] are kind and care in general, and if you need someone to talk to, they are there. They have time to talk." Another person said they spoke to staff if they were feeling lonely, "When you are down, you can talk to them. It's a good place."
- We observed interactions which were kind, friendly and caring. People comfortable with the staff, who knew people well. Staff offered people support and reassurance when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- We observed staff knock on doors prior to entering people's bedrooms. We also saw staff close doors prior to any personal care intervention. One person told us, "The atmosphere is caring, and staff are brilliant. They really care. They get things done and if you need anything all you have to do is ask." Another person said, "Yes, I am looked after how I want to be. I wouldn't want to go anywhere else."

- Staff encouraged people to retain their independence. One staff member we spoke with told us how they encouraged people to maintain their independence with their personal care.
- Residents' meeting records showed people asked if there were household tasks, they would like to be involved in around the home. This was to help maintain their skills and independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question 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

At the last inspection the provider did not ensure an accurate, complete and contemporaneous record was maintained for each person. This was a breach of regulation 17 (Good Governance) 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 had electronic care plans that had been improved to better reflect people's individual needs and preferences. For instance, one person had specific needs and preferences in relation to their hair and this was included in their care plan in detail.
- Daily records were reflective of people's wellbeing and the care they received.

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

At the last inspection there had been a failure to support people to take part in activities which were meaningful and appropriate for them. This was a breach of regulation 9 (Person Centred Care) 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 9.

- The member of staff allocated to organising activities was very enthusiastic and committed.
- Records we saw showed people were consulted on their preferences and offered a good range of activities and social engagement.
- The provider had invested in a garden pod to facilitate visits during the Covid-19 pandemic. People were consulted about developing this space into a coffee shop, to help facilitate social activities.
- People did get out into the community. One person told us, "I ask one of the carers to take me out and they do that." Another person we spoke with said they went to church. A third person told us they attended a monthly coffee morning, run by a local charity for people with sensory impairment. The charity also provided advice and advocacy. Some people felt they had been restricted by Covid-19 and cold weather.

They wanted to be able to spend time in the garden.

- Some people felt they would like more activities. One person said they would like more support from staff with their sewing and embroidery. Another person felt there should be more arts and craft sessions. We discussed people's requests with the registered manager, who was aware of people's requests and committed to developing further opportunities.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was shared in ways that enabled people to understand and engage.
- The registered manager understood their responsibility to comply with the Accessible Information Standard. They told us if anyone required additional information in an accessible format, they had arrangements in place to provide this.
- People's care records described the support people needed to enable staff to understand their wishes. We saw people who had hearing aids were supported to wear them.

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

- The registered provider had a complaints policy in place.
- People told us they would speak to the staff or the manager if they had any concerns and felt comfortable raising any issues.
- Staff we spoke with showed a good knowledge of how people expressed themselves.
- Records we saw provided assurance any complaints made were investigated and responded to in an open and balanced way.

#### End of life care and support

- The registered manager was aware of how to access additional support in the event of someone's approaching the end of their life.
- The registered manager told us there were end of life care arrangements in place to ensure people had a comfortable and dignified death. They told us a multi-disciplinary team of healthcare professionals would work together to plan care and support in line with the person's personal wishes.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had not ensured systems and processes were established and operated effectively to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) 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.

- Governance systems were in place to protect people from the possibility of harm and identify shortfalls in the quality of the service.
- The registered provider and registered manager completed regular walks around the home and infection control audits were completed. These processes were designed to identify and address shortfalls effectively, including any issues regarding the cleanliness of the home.
- One person said, "[The home] is very clean and tidy. [Manager] are very helpful; the staff are wonderful. We cannot fault it, people are kind. I can go out if I want. There are no problems here."
- Electronic records systems had been developed further. This helped to make sure people's risk assessments, care plans and daily records were person centred. Day to day records of the management of the home were audited, including records of staff recruitment.

Continuous learning and improving care; 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

- We asked people if they would recommend the home and overall, the response was positive. One person said, "Definitely, [managers and staff] are respectful to you and there is always someone there to help you."
- The registered manager monitored accidents and incidents to identify any trends and prevent reoccurrences where possible.
- The provider had made good progress with improvements and redecoration of the home since the last inspection and continued to work to their maintenance plan. This helped to make sure people's home was comfortable and suitably maintained, decorated and equipped.
- The registered manager understood the duty of candour.

The registered manager was also aware of their responsibility to inform the CQC about notifiable incidents in line with the Health and Social Care Act 2008.

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

- People told us of improvements that had been made since the last inspection. One person said, "It was formerly business like. It's more relaxed and homely now. It's nice. The carers are so good to people." .
- People spoke positively about the registered manager. They told us they were 'hands on' and that they could talk to them. One person said, "The manager talks to me and takes me out in her car now and again to hospital appointments." A relative told us, "[The manager] is very nice, you can always go to her."
- There was a record of residents' meetings. Information was shared and discussion took place on a range of issues. This included the pandemic, food and menus, home maintenance and improvements, activities and people's rights. As part of the most recent meeting, people fed back that they felt valued and included in the day to day running of the service.
- There were staff meetings and the minutes of the meetings were retained. This helped to make sure staff who could not attend were kept up to date.

Working in partnership with others

- The registered manager and staff worked in partnership with other health care and social care professionals to make sure people received appropriate care.
- While most people we spoke with were happy with the way the home was run, some individual concerns were shared with us. We discussed these with the registered manager. We saw evidence of the service working with people and other professionals to address and resolve these areas in positive ways.