

GB Healthcare Hull Ltd

# The Elms

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Elms is a residential care home providing accommodation and personal care for up to 37 younger or older adults, who may have a physical disability or be living with dementia. It accommodates people in one adapted premises with shared facilities. At the time of the inspection, 30 people were using the service.

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

People's safety and wellbeing were compromised by shortfalls in infection prevention and control, the safe management of medicines, risks not always being assessed and staff not having specific training to meet the needs of some people who used the service.

Accidents, incidents and safeguarding concerns were appropriately managed by staff. However, there was no monitoring system in place to support learning and reduce the risk of them happening again. We have made a recommendation about safeguarding.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans were not always completed in a timely manner and lacked detailed guidance for staff to meet people's needs. Care records did not clearly record advice from healthcare professionals which meant staff did not always have access to up to date information about people's needs.

Quality assurance systems were not effective in maintaining the quality and the safety of the service. The provider was working with relevant professionals to improve the service.

There was a lack of activities for people to engage in at the service. We have made a recommendation about activities.

People were supported by sufficient numbers of kind, caring and attentive staff. Staff promoted people's independence and maintained their privacy and dignity. People were supported to maintain their relationships with their families and friends. Staff were positive about the new provider and management team and felt listened to.

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

### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement (published 10 August 2021). The service remains rated requires improvement. This service has been rated requires improvement

or inadequate for the last six consecutive inspections. At this inspection we found the new provider remained in breach of regulations.

At our last inspection we recommended that the provider review their processes for maintaining up to date and accurate records and that they review their deployment of staff. At this inspection we found continued shortfalls in care records. However, there was an improvement in the deployment of staff.

#### Why we inspected

The inspection was prompted in part due to concerns we received about medicines, infection control, training, person-centred care and leadership of the service. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, risk management, staff training, consent and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Elms

## 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 one inspector.

#### Service and service type

The Elms 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 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, a new manager started at the service during the inspection.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the service registered. 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 spoke with 10 members of staff including three care staff, two senior staff, a cook, two managers, a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two people who used the service, six relatives and observed staff interactions.

We looked around the home to review the facilities available for people and the infection prevention and control procedures in place. We also looked at a range of documentation including care files and daily records for six people and medication administration records for four people. We looked at two staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

At our last inspection, the previous provider had failed to ensure systems were in place and robust enough to demonstrate infection prevention and control was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the current provider was still in breach of regulation 12.

- Areas of the service were not always clean. Some areas of the service had unpleasant odours and flooring in several bedrooms was dirty.
- Not all areas of the service could be effectively cleaned. Some items of furniture were damaged which reduced the effectiveness of cleaning.
- Cleaning records were not always completed and did not show how often areas of the service were cleaned.
- Soap and hand towels were not always available to promote effective hand washing. We found some bathrooms and toilets did not have soap or hand towels available which meant people could not easily wash their hands. There was no system in place to ensure these products were available.
- Staff did not always wear personal protective equipment (PPE) effectively. On the first day of the inspection we observed several staff not wearing face masks appropriately.
- Prior to the inspection, the provider had started addressing infection control shortfalls. They had employed an external cleaner and were renovating the service. However, action taken before the inspection was not effective.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to have effective systems in place to assess, prevent, detect and control the spread of infections. This was a continued breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They arranged for areas to be cleaned, addressed PPE shortfalls with staff and ensured all hand washing facilities had appropriate items available.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of burns from uncovered, hot portable radiators. We found several portable radiators

in people's bedrooms were uncovered and had hot surface temperatures which could cause burns to people.

- Equipment was not always used effectively to improve people's health and wellbeing. We observed one person's pressure relieving mattress was switched off and another indicated there was low pressure though this had not been addressed by staff.
- Risks to people's wellbeing and safety had not always been assessed and records did not show how they should be managed.
- Care plans did not include information regarding people's health needs such as epilepsy and diabetes, or how to manage their behavioural needs before administering medicines.
- Personal emergency evacuation plans (PEEPs) were not always completed in a timely manner which compromised people's safety in the event of an emergency. For example, one person had lived at the service for two months before their PEEP was completed.
- Accidents and incidents were recorded. However, there was no monitoring system in place to analyse them and support learning which meant people were at risk of them happening again.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to assess and mitigate risk to people's health, safety and wellbeing. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They removed portable radiators, reviewed pressure relieving equipment, implemented an action plan to improve care plans and risk assessments and the manager was implementing a system to monitor and analyse accidents and incidents.

#### Using medicines safely

- Medicines were not managed safely. Staff did not record the time when they administered medicines such as pain relief. This meant staff did not know when the last dose was administered which placed people at risk of their next dose being administered too soon.
- Guidance and appropriate records were not in place to support staff with applying pain patches to a person's body. Staff did not record where they applied patches. This meant they could be placed in the same area sooner than they were allowed; making them less effective.
- We could not always be assured that people received their medicines as directed. Medicine records did not always include full instructions how to administer medicines. For example, one person was prescribed aspirin and lansoprazole which should not be administered at the same time. Medicine records did not contain complete administration instructions. This placed people at risk of their medicines not being administered as prescribed.
- Processes to ensure controlled medicines were administered safely were not always followed. Staff confirmed controlled medicines were administered with another member of staff or a healthcare professional, but records did not show this.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure the safe and proper management of medicines. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They reviewed and updated their medicine systems.

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

- Staff were trained in safeguarding. New staff completed required training before starting at the service and



most existing staff had up to date safeguarding training.

- Staff were able to identify signs and types of abuse and understood how to report concerns internally and externally.
- Safeguarding concerns were recorded. However, there was no monitoring system in place to analyse them and support learning to reduce the risk of them happening again.

We recommend the provider reviews their safeguarding policies and procedures to ensure safeguarding processes are robust.

#### Staffing and recruitment

- Staffing numbers were appropriate to meet people's needs. Staff supported people in a timely manner.
- Recruitment checks were completed to help ensure staff were appropriate to work with vulnerable people.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Capacity assessment records did not show the principles of the MCA were followed. Records did not evidence how it had been determined people lacked capacity to make a decision.
- Consent was not always appropriately sought. For example, CCTV had been installed at the service. Consent had been gained from people who had capacity. However, for people with memory difficulties, there was no evidence of their capacity being assessed or of an appropriate best interest decision. People's families had given their consent. However, they did not always have the legal responsibility to do so.
- The provider's systems had not ensured new DoLS applications had been appropriately made. We found DoLS authorisations had expired and new applications had not been submitted.

The failure to ensure care and treatment was delivered with appropriate consent was a breach of regulation 11(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff sought people's consent before providing support and offered people choices about their daily life in a way they could understand.

Staff support: induction, training, skills and experience

- The provider had not ensured staff had the required training and skills to meet people's specific care needs. For example, some people who used the service had epilepsy or diabetes. However, staff had not

been trained in these areas and the provider had not assured themselves staff had the required skills and knowledge. This placed people at risk of their needs not being appropriately met.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure staff received appropriate training to enable them to carry out their duties. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They contracted with another training provider and implemented an action plan for staff to renew all their training and to complete specific training to meet people's needs.

- New staff completed an induction programme which included mandatory training and time spent learning the role with experienced colleagues.
- Not all staff had received regular supervision. However, staff told us they felt supported by the new manager and the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to using the service. However, records lacked detailed information about people's needs which meant staff did not always have appropriate guidance to support people to effectively meet their needs.
- Care plans lacked detailed guidance about the support people needed. One person had a pressure wound. However, their care plan did not include information about equipment they required to manage this despite them being at high risk of further pressure damage.
- Care records did not always contain advice from healthcare professionals which meant staff did not always have access to current advice.
- During the inspection, the manager implemented an action plan and started updating care plans.

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

- Staff told us weight monitoring systems had changed, which meant they weren't always getting regular feedback from senior staff and the management team about the support people needed to effectively monitor their weight.
- Staff were aware of people's dietary requirements and people had a choice of meals available.
- Staff regularly offered people drinks and encouraged people to drink to reduce the risk of dehydration.
- Where people needed assistance, they were provided with appropriate support to eat and drink. Staff patiently supported people to eat and drink.
- Staff understood how to raise concerns with relevant professionals.

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

- The provider was investing in the service and renovations were under way. Renovations included new flooring, bathrooms and a lift.
- People's rooms were personalised to their tastes. People were supported to decorate their rooms with pictures and their belongings which showed their personalities and interests.
- People had appropriate space to socialise or to spend time on their own. There were three large communal areas and other smaller areas for people to sit if they preferred a quieter space.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff were kind and attentive to people's needs. We observed staff engaging people in conversations and supporting people when needed.

- People were positive about the care they received and their relationships with staff.

A person told us, "[Staff are] OK, well very good really" and a relative said, "Staff are lovely, they can't do enough for you and they're always bubbly. If they're happy then the residents are happy."

- People were respected as individuals. Staff were trained in delivering person-centred care and supported people with their preferred routines.

- People's cultural and religious needs were met. Staff understood people's religious and cultural needs and were knowledgeable about how to support people.

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

- People were encouraged to make decisions and choices about their care. Staff supported people with their routines and offered them choices.

- Where people had capacity, they were included in decisions about their care. We saw staff had spoken with a person regarding how to maintain their safety when smoking and they were involved in how the risk would be managed.

- Changes to the service were discussed with people using the service. Meetings were held with people to discuss changes to the service and to provide their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff discreetly asked people if they needed support and supported people with personal care tasks in private.

- Staff promoted people's independence through providing encouragement and appropriate support when it was needed. A staff member told us, "We encourage people to do as much possible for themselves and if not, we help them. I usually let them pick their own clothing and get them to do their own teeth and hair."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People were supported to maintain their relationships with families and friends. This included phone calls, video calls and visits.
- Staff told us they wanted to support people with activities. However, there was a lack of activities available at the service. There were no activities held during both days of the inspection. The new manager was starting to address this and had talked with people about the activities they wanted to take part in.

We recommend the provider continues to review social activities in the service to promote people's emotional and mental wellbeing.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were not always completed in a timely manner which meant staff did not always have access to appropriate guidance to meet people's needs.
- Staff were knowledgeable about people's personal routines. However, care plans did not consistently contain detailed information about people's likes, interests and personal histories. We raised this with the manager who started updating care plans during the inspection.
- Care plans were available for when people were ready to discuss care at the end of their lives. Some care plans had been completed but these lacked person-centred details about the support people wanted, which meant people may not be cared for as they wanted at the end of their lives.
- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity at the end of their lives.
- Most staff were trained in providing end of life care.

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.

- Staff provided information in a way people could understand and in their preferred way.
- People's communication needs were considered and recorded in their care plans.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to concerns or complaints. We saw one complaint had been received. This was addressed and resolved with changes made to the service to reduce the risk of people experiencing similar issues.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection, the previous provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the current provider was still in breach of regulation 17.

- Quality assurance systems had not identified some of the shortfalls found during the inspection. Where shortfalls had been identified, they had not all been addressed. These included infection control, risk management, medicines, learning from accidents and incidents, consent, training and care records.
- There was no governance system in place to monitor accidents, incidents and safeguarding concerns and support learning which meant people were at risk of them happening again.
- Audit records were not always available. For example, there were no medication audits available for September, October and November 2021, so it was unclear if these had been completed.

The provider had failed to assess, monitor and mitigate risks, improve the quality and safety of the service and had failed to keep accurate records. This was a continued breach of regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was closely overseeing the service and had action plans in place to address some shortfalls. They had also recruited an experienced manager and deputy manager to help improve the service.
- The provider was working closely with the local authority and infection control team to improve the service.
- Staff worked closely with professionals to build effective working relationships to meet people's needs.

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

- Staff were positive about their experience of support from the provider. They felt they could go to the provider who operated an open-door policy. A staff member told us, "[The provider] has been improving the

environment of the home and they are available any time to talk to. They have given us their emails and phone numbers so we can contact them directly. If there is anything we need, we only have to ask, and we do get it."

- Staff felt supported and were positive about the new management team. A staff member said, "[The management team] are really good. They seem really nice; we like them they're eager to help us if we need any help including being supported on the floor."
- The provider and management team promoted a positive culture to promote good outcomes for people. A staff member told us, "I get satisfaction knowing everyone is clean, comfortable and happy. I go home and I'm content as I think I've done a good job."
- Systems were in place to gather feedback from people who used the service and staff. People who used the service and staff were informed of any changes through meetings and had the opportunity to provide feedback. A member of staff told us, "[The provider] seems to be really interested in us and our opinions. We didn't see the previous owners very often."

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 and manager understood their responsibilities in relation to the duty of candour and ensured relatives were kept informed about significant events. They also notified CQC about incidents that affected people's safety and welfare.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure care and treatment was delivered with appropriate consent. Regulation 11(1)(2)(3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to have effective systems in place to assess, prevent, detect and control the spread of infections, assess and mitigate risks to people's health, safety and wellbeing and had failed to ensure the safe and proper management of medicines. Regulation 12 (1)(2)(a)(b)(g)(h)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and mitigate risks, improve the quality and safety of the service and had failed to keep accurate records. Regulation 17 (1)(2)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff received appropriate training to enable them to carry

out their duties.  
Regulation 18 (2)(a)