Mission Care

Elmwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 and 20 December 2016 at which time the service was rated 'good'. In December 2017 we received information of concern from the provider in relation to the provision of care at the service which included allegations of poor risk management practices and the rough handling of a person by staff. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to the key questions, 'Is the service safe?', 'Is the service caring?' and 'Is the service well-led?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmwood on our website at www.cqc.org.uk.

This inspection took place on the 14 December 2017 and was unannounced. Elmwood 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 care home accommodates up to 70 people in the London Borough of Bromley. There were 63 people living at the home at the time of our inspection.

There was registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a breach of regulations because environmental risks were not always safely managed. The provider had not acted to address all of the fire safety risks identified in the care home's fire risk assessment within the recommended timeframe. Work was still outstanding to address this issue at the time of our inspection, placing people at risk in the event of a fire. Substances hazardous to health were not always securely stored to prevent accidental harm, and call bells were not always positioned appropriately to enable people to use them if required. Whilst we noted examples of other areas of risk having been appropriately assessed and managed safely, an appropriate assessment of the bed rails on one person's bed had not been conducted and the bed rail protector on one side of their bed had not been fitted correctly to prevent the risk of injury.

You can see what action we told the provider to take at the back of the full version of the report.

Improvement was required to ensure any safeguarding concerns were consistently identified and reported to the local safeguarding team in line with the provider's procedures and pan-London guidance. We also found further improvement was required to ensure staff consistently treated people with dignity and respect, and with appropriate care and compassion, and to ensure that the provider's systems for monitoring the quality and safety of service provision were effective in identifying issues in order to drive improvements.

There were sufficient staff deployed to meet people's needs and the provider followed safe recruitment

practices to ensure new staff were suitable for their roles. People's medicines were received, stored, administered recorded and disposed of appropriately and safely. Staff were aware of the action to take to prevent and control the risk of infection. Accidents and incidents were reported when they occurred and accident and incident records were monitored by the registered manager to ensure action had been taken to reduce the risk of repeat occurrence.

Staff respected people's privacy. People were involved in making decisions about their care and treatment. The provider sought people's views through residents meetings and an annual survey, and acted upon any feedback received in order to make service improvements. Staff spoke positively about the management of the service and told us they were supported by the registered manager. They were aware of the responsibilities of their roles, which were discussed with them during regular staff meetings. The registered manager followed up on any areas discussed at staff meetings to ensure improvements were made in performance where required. They also worked with external agencies when appropriate in support of the people living at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks had not always been adequately assessed, and action had not always been taken to manage identified risks safely.

Staff had received safeguarding training and were aware to report allegations of abuse, but improvement was required to ensure safeguarding concerns were consistently identified and reported to the local authority safeguarding team.

Staff were aware of the provider's procedures for reporting and recording any accidents or incidents, and acted to reduce the risk of repeat occurrence.

There were sufficient staff deployed to safely meet people's needs. The provider followed safe recruitment practices.

People's medicines were securely stored, and safely administered and recorded.

The service had systems in place to protect people from the risk of infection.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff respected people's privacy but improvement was required to ensure people were consistently treated with dignity and respect.

Improvement was required to ensure people were treated with care and compassion.

Staff involved people in decisions about their day to day care and treatment.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvement was required to ensure the provider's systems for monitoring service quality and safety were effective.

There was a registered manager in post who demonstrated an understanding of the responsibilities of the role.

The service worked in partnership with other agencies, where appropriate, to meet people's needs.

The provider had systems in place to seek people's views and acted to make improvements in response to feedback.

Staff were aware of the responsibilities of their roles and the registered manager followed up on any issues raised with staff to ensure they had been appropriately addressed.

People and the majority of the relatives we spoke with told us the service was well managed.

Elmwood

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Elmwood on 14 December 2017. This inspection was conducted in response to concerns we had received regarding poor risk management practices and the rough handling of a person staff. The team inspected the service against three of the five questions we ask about services: 'Is the service safe?', 'Is the service caring?' and 'Is the service well-led?'

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring, or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included notifications received from the provider about deaths, accidents and safeguarding allegations. A notification is information about important events that the provider is required to send us by law. We also received feedback from a local authority commissioning team and a social worker who was involved in an ongoing safeguarding investigation at the service. We used this information to help inform our inspection planning.

Because this inspection was conducted at short notice in response to concerns we had received, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 20 residents, five relatives and a visiting social worker to gain their views about the service. We also spent time observing the support staff provided to people across the three floors of the service.

We spoke with eight staff, the registered manager and the provider's nominated individual. We also looked

at records, including 10 people's care plans, 11 medicine administration records (MARs), five staff recruitment records, and other records relating to the management of the service, including the provider's policies and procedures, audits and minutes from meetings.

Requires Improvement

Is the service safe?

Our findings

This inspection was carried out in response to information of concern we received from the provider regarding poor risk management at the service which included allegations of unsafe moving and handling practice by staff. The provider had taken action in suspending the staff involved, pending further investigation. During the inspection we observed staff following safe moving and handling practices. One relative also told us they observed their loved one being hoisted by staff on a regular basis and had no concerns about staff practice in this area. However, whilst we did not identify any issues in the area of moving and handling, we found some risks were not consistently managed in a safe way.

Environmental risks were not always safely managed. We found holes in the ceiling of the laundry area which had the potential to allow the spread of smoke or fire in the event of a fire at the service, placing people at risk. These holes had been identified by an external risk assessor in February 2017 as being a risk which needed addressing within three to six months, but the repair work was still to be scheduled at the time of our inspection. We also found the door to a sluice room had not been locked on the ground floor. This room contained cleaning materials which could be hazardous to health if ingested or spilt on people's skin, should they attempt to use them.

Additionally we found a risk assessment relating to the use of bed rails for one person had not been reviewed and updated since their bed had been changed, which meant the risks associated with the current bed rails had not been properly assessed. Whilst bed rail protectors were in use on the person's bed, we noted that one of them had only been attached around the upper of the two bed rails. This meant there remained a risk of the person trapping an arm or leg between the two rails, placing them at risk of injury. We also noted that call bells were not always appropriately placed for people to be able to use them should they need to if they required support.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with senior staff about these issues and they arranged for the sluice room door to be locked and ensured the person's bed rail protector covered both bed rails during our inspection. They also told us they would review people's needs with respect to the use of call bells to ensure staff were aware of where they should be placed so that people were able to use them when needed.

In other areas we found risks to people had been assessed and action taken to manage risks safely. People's care plans included risk assessments which covered areas including moving and handling, skin integrity, falls and malnutrition. Where risks had been identified we saw guidance in place for staff on how they should be managed. For example, one person's falls risk assessment contained guidance on the steps for staff to take to reduce the risk of falls, including details about how they should be positioned when seated, ensuring their room was free from clutter and ensuring they wore suitable footwear.

Staff we spoke with were aware of the risks to the people they supported and how they should be managed. For example one staff member correctly identified a person as being at risk of malnutrition and dehydration. They told us, and records confirmed that they weighed the person on a regular basis and monitored their

food and fluid intake to ensure it was sufficient. In another example, another staff member was aware of the people whose skin integrity was an area of risk; they told us, and records confirmed that they supported these people to reposition on a regular basis to reduce the risk of them developing pressure sores.

The provider had procedures in place for dealing with emergencies. Staff were aware of the action to take in the event of a fire or medical emergency. Records showed that regular checks had been made on emergency equipment to ensure it was fit for use, and that staff took part in regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.

People and relatives told us the service was safe. One person said, "I feel safe here; they take good care of me." A relative said, "[Their loved one] is safe here; I have no concerns whatsoever." The provider had safeguarding policies and procedures in place which gave guidance to staff on the action to take to protect people from the risk of abuse. However, we found improvement was required to ensure abuse allegations were consistently reported to the local authority safeguarding team for their consideration and investigation. For example, whilst we noted that the registered manager had made appropriate safeguarding referrals to the local authority during the previous year, an incident involving two people living at the service had been dealt with internally when it should have be reported to the safeguarding team, in line with the provider's procedures. Despite this concern, we noted that staff had acted to ensure that the people involved were safe.

Staff had received training in safeguarding adults. They were aware of the different types of abuse that could occur, and knew the action to take in reporting any safeguarding concerns. One staff member told us, "If I thought someone had been abused, I would report it to the manager. I would also whistle blow if action wasn't taken; I could contact social services or CQC." At the time of our inspection, the local authority was investigating three allegations involving people at the service, which were yet to be concluded.

There were sufficient staff deployed to meet people's needs, although people had mixed views about the staffing levels at the service. One person told us, "If I press my call bell, the staff will come." Another person said, "There are enough staff and I get the help I need when I need it." However one person told us, "There could be more staff; you do need to wait." Another person commented, "The staff are always busy; they have so much to do so I do have to wait for them. I wish there were more staff, but they do come when I press the call bell."

The registered manager told us, and records confirmed, that staffing levels had been determined based on an assessment of people's needs. Actual staffing levels at the service reflected the planned staffing allocation and we noted that staffing levels varied during the day to reflect the increased level of support people required during the morning period. Throughout our inspection we noted staff were on hand and available to support people promptly when required without rushing. We tested call bell response times on each floor throughout the day and staff were quick to respond on each occasion. All of the staff we spoke with felt there were sufficient staff on duty to meet people's needs. One staff member said, "We have four carers on this floor which is enough; we work well together.

The provider followed safe recruitment practices. Records showed recruitment checks had been carried out on staff before they started working at the service. These included checks on each staff member's employment history, references, proof of identification, criminal records checks, and the right to work in the UK, where applicable. We also noted that the provider had checked the professional qualifications of nursing staff before they started work, to ensure they were suitable for the role they had applied for.

People's medicines were managed safely. Medicines were securely stored on each floor of the service and could only be accessed by named staff who had been trained and assessed as being competent in medicines administration. Records showed that regular checks were made on storage areas to ensure medicines were stored within the recommended temperature ranges for them to remain effective. Staff followed the provider's procedures for the receiving and disposing of medicines and made regular checks on medicines stocks to ensure they remained in date, in line with the manufacturer's guidance.

People told us they were happy with the support they received to take their medicines. One person said, "They [staff] come in and give me my tablets. They check I've taken them and then write it down." Another person told us, "When I need to take any, they [staff] are very clear and tell me what they are doing." We observed staff providing appropriate medicines support to people during our inspection, communicating clearly with them and giving them sufficient time and encouragement to take their medicines at their own pace.

People's Medicine Administration Records (MARs) included a copy of their photograph and details of any known allergies to help reduce the risks associated with medicines administration. The MARs we reviewed had been signed by staff to confirm medicines had been administered at the correct times by staff. MARs also tallied correctly with the sample of remaining medicines stocks that we reviewed, confirming people had received their medicines as prescribed. We noted that four people on one floor did not have protocols in place to give guidance to staff on how and when to use medicines that had been prescribed to them to be taken 'as required', although appropriate protocols were in place for people on the other two floors. We raised this issue with the registered manager who confirmed they would ensure protocols were put in place for these four people promptly following our inspection.

Staff were aware of the provider's procedures for reporting any accidents, incidents or near misses. We saw records had been maintained of any accidents or incidents that had occurred at the service, which included information about what had occurred and any action taken as a result. The registered manager undertook a monthly review of accidents and incidents to ensure they had been dealt with appropriately. We spoke with a relative who confirmed that a reported incident in which their loved one had not received their medicines correctly earlier in the year had been dealt with to their satisfaction and that lessons had been learned. They explained, "We had a meeting with the manager and the staffing team, which was constructive and I felt had a positive outcome; there have been no problems since."

The service had procedures in place to protect people from the risk of infection. Domestic staff undertook regular cleaning duties and we found the environment to be clean and tidy during our inspection. There were hand sanitiser dispensers and appropriate facilities for staff, people and visitors to wash their hands on each floor of the home. Staff were aware of the need to use personal protective equipment (PPE) such as gloves and aprons to reduce the risk of spreading infection and people confirmed staff did so when supporting them with personal care. One person told us, "The staff always wear gloves and change them; they always wash their hands."

Requires Improvement

Is the service caring?

Our findings

People and relatives had mixed views as to whether staff treated them in a dignified manner and we found that this was an area requiring improvement. One person said, "The staff care and treat me respectfully." A relative said, "They [staff] are very kind, and treat [their loved one] with dignity and respect." However, another person described staff having left them in a state of undress to go and attend to someone else, which was undignified and caused them distress. We also observed one staff member speaking to a second staff member about the person they were supporting, without acknowledging the person's presence at any point which was disrespectful. We raised these issues with the registered manager who told us they would address them with all staff to highlight the need for improvement in this area.

People were supported to maintain their independence wherever possible. People's care plans identified the areas in which they were able to be independent as well as providing guidance for staff on the areas in which they required support. For example, one person's care plan identified that they were able to mobilise independently if only moving a short distance indoors, but would require support and the use of a wheelchair over long distances. People also confirmed that staff encouraged them to be independent. For example, one person told us, "They [staff] encourage me to walk about and use my walking frame. I know it is important; sometimes I would like to sit for longer because it is easier, but I understand I must move around to maintain my mobility and keep my independence."

Staff respected people's privacy. One staff member told us, "I always make sure I knock on people's doors before entering their rooms, and will close the door and curtains if I'm helping someone to wash or dress." One person commented, "I have privacy here; they [staff] ask if I want my door shut or open, and they are very careful when they are helping me get changed." We observed staff knocking on people's doors before entering their rooms throughout our inspection, and bedroom doors were closed whilst people received support.

We received positive feedback from people about the caring approach taken by staff. One person said, "The overall care and thoughtfulness from the staff is very kind; they're always checking that everything is OK, and they really do care which makes me feel looked after." Another person told us, "I am well looked after. We all are; the staff are wonderful and make you feel special." However, improvement was required to ensure people were consistently treated with compassion because one person told us staff had told them to stop using their call bell, which they said made them feel like they were being a nuisance. A relative also told us that staff could be more caring in their approach when looking after their loved one who suffered from incontinence because they were not always keen to change the person's clothes when needed without prompting.

We observed examples of staff treating people with care and consideration. For example, we saw one staff member confirming politely with one person that it was OK to close their curtains because they had noted that the sun was shining in their eyes. In another example, we noted that staff moved promptly to comfort another person when they displayed signs of anxiety. Staff knew the people they supported well. They were aware of their preferences in the way they received support, as well as their family histories, and the things

that mattered to them. For example, one staff member we spoke with knew the days on which one person's relatives usually visited and we heard them discussing this with the person, in a way which provided them with reassurance.

Staff understood the importance of equality and diversity in the way in which they worked. One staff member told us, "I treat each person equally." This comment was reflective of the feedback we received from all of the staff we spoke with. We noted that people's diverse needs and preferences were considered in their care plans. For example, we saw care plans which reflected people's social and spiritual preferences, and how these should be met. People who wanted to practice their faith were supported to in ways that met their needs. Some people preferred one to one support whilst others joined in communal activities organised by a local church. One person told us, "My vicar comes once a month; someone from the church organised that." Another person said, "I like to pray, I can pray here."

People were involved in decisions about their care and treatment. People's care plans showed that they, or their relatives where appropriate, had been involved in regular reviews of their care plans to ensure they reflected their individual needs and preferences. Staff told us they involved people in making day to day decisions about the support they received wherever possible, for example with regards to the activities they undertook, what they wanted to wear each day, or what they ate. We observed staff involving people in decisions about their support during our inspection. For example we heard one staff member talking to a person about whether they would prefer to eat their meal in a communal area or their bedroom. In another example, we noted staff confirming they would come back and support another person with their personal care later in the day, as this was their choice.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place for monitoring the quality and safety of the service they provided to people, but improvement was required to ensure these were consistently used in an effective manner. Records showed that senior staff undertook regular checks and audits in a range of areas including medicines, health and safety, pressure area care, and checks on the environment and equipment within the home. We noted that action had been taken to address issues identified in audits. For example, a recent health and safety audit identified the need for first aid kits to be replenished within the service and records confirmed this issue had been addressed.

However, improvement was required because audits had not always been effective in identifying issues or did not always demonstrate that checks had been consistently, or comprehensively carried out on a regular basis. For example, a recent audit conducted to monitor people's weights failed to identify that the risk assessment tool completed by staff each month had been used incorrectly in assessing one person's weight loss. Whilst we noted that the person had not been placed at risk because of this error, the failure to identify the issue meant that the staff member who completed the tool was not aware that they had used it incorrectly and could have done so again.

In another example, the registered manager told us that staff regularly checked window restrictors in the home, but there was no record of these checks having been conducted, to demonstrate that all of the windows at the service had been effectively checked. The registered manager confirmed they would ensure window restrictor checks were conducted on a more formal basis following our inspection. They also told us they would arrange for staff to have further training in the use of the malnutrition risk assessment tool to ensure no further errors occurred.

The service had a registered manager in post. They had been the registered manager for the service for over four years and demonstrated a good understanding of the role and their responsibilities under the Health and Social Care Act 2008. They were aware of the events which they were required to notify CQC about and we found appropriate notifications had been made to the Commission where required, in the period since our last inspection.

Not all of the people we spoke with were able to share their views on the management of the service or the registered manager. Where people were able to comment, they told us the service was well run. One person said, "The home is very well managed which must be down to the manager. She must have a good handle on things and that always makes for a good work place for staff, and for everyone. We do feel well looked after." Another person told us, "The manager is always available to chat with if I have concerns."

One relative commented negatively about the management team. They told us that senior staff, including the registered manager could be defensive when they raised issues, which made them reluctant to do so. We spoke with the registered manager and provider about this and they told us they were not aware of any instances of their having been defensive in response to issues raised by relatives, but would work to ensure any such impression was not given to people or relatives when speaking with them in future.

Other relatives we spoke with told us the service was well managed. One relative said, "I would say that the manager is fantastic. She's very hands on; if you are concerned about something, she acts immediately." Another relative told us, "I think the home does seem to be well managed; I think [their loved one] is happy, and when we visit it does seem well organised." A third relative commented positively about the transparency shown by the management team following an incident involving their loved one, which they said had been dealt with openly and to their satisfaction. Staff also spoke positively about the management of the service and the support they received. One staff member told us, "I find the manager to be very good at her job and she cares about us; we can raise any issues with her and she listens." Another staff member said, "I feel very supported in my role, and if there were any problems the manager would sort them out straight away."

Records showed that the registered manager held regular meetings with staff to discuss the running of the service and to remind them of the responsibilities of their roles. Areas discussed at a recent staff meeting included confidentiality, moving and handling practice within the service and the completion of records such as food and fluid charts which had been identified as an area requiring improvement by the registered manager. We noted that the sample of food and fluid charts we reviewed during our inspection had been completed appropriately following this discussion. The registered manager also told us that in addition to the discussion at the staff meeting, senior staff had been conducting unannounced spot checks of staff moving and handling practice each day following a recently reported concern, to ensure people were being supported safely.

The provider sought people's views through regular residents meetings and an annual survey. Minutes from a recent meeting showed areas for discussion had included activities, updates regarding staffing, plans for Christmas and the catering. One person said, "We all chat together; for example, a few of us raised an issue about how tough the beef was when we have that. It was difficult to cut and chew, but we did notice a change [following the feedback they provided]." Another person told us, "I don't think I have been along to one of those [residents meetings], but staff do ask my opinion and I can say what I am thinking; I can tell the staff or the manager if I have any issues." The registered manager told us that peoples responses from the current annual survey was in the process of being collated at the provider's head office and that they would review and act on any feedback they received from this once complete.

The provider acted to make service improvements in response to feedback. For example, we saw new chairs had been purchased for one floor with further plans to replace more in the near future, as well as redecorating in response to people's feedback. In other examples, the registered manager told us, and people confirmed that they had arranged for an alternate podiatry service to visit the home so that people could be seen more frequently, and one person told us that they had requested an increase in the frequency of an activity they enjoyed which was arranged for them.

The provider worked in partnership with other agencies, where appropriate, to provide good quality care to people. Records showed that the registered manager provided any information requested by health or social care providers involved in the support, or review of people's needs, when this was required. We spoke with a visiting social worker who told us, "The staff have been able to provide me with all of the information I've needed when I've visited the service, to enable to me to conduct my assessments, and they have been available to clarify things with me when needed."

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not always been properly assessed, and action had not always been taken to mitigate risks.