

Elm Lodge Nursing and Residential Home

Elm Lodge Nursing and Residential Home

Inspection report

18 Stoke Road
Leighton Buzzard
Bedfordshire
LU7 2SW

Tel: 01525371117
Website: www.elmlodgecarehome.co.uk

Date of inspection visit:
27 September 2019
03 October 2019

Date of publication:
25 October 2019

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Elm Lodge Nursing and Residential Home is a residential care home providing personal and nursing care to 56 people and over at the time of the inspection. The service can support up to 64 older people or younger adults who may be living with a physical disability or dementia. Elm Lodge Nursing and Residential Home is a large building made up of three floors each of which has separate adapted facilities.

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

People were not always engaged in meaningful activities for a sufficient amount of time. People told us that they were sometimes bored, and staff did not always have enough time to sit and engage with them in activities for a reasonable period of time. We have made a recommendation to the service about the provision of activities.

People were positive about the care they received. One person told us, "It is lovely here. The staff are so kind and caring and I would not have things any other way."

People were supported by a kind and compassionate staff team who had got to know people as individuals. People received personalised care that met their needs and there was an emphasis on knowing people's likes, dislikes and preferences. People were involved in their care and able to make choices about how they were supported. People's independence, privacy and dignity was promoted.

People were kept safe by a staff team that knew how to safeguard them from harm. Risks to people had been thoroughly assessed. People were supported safely because of policies and procedures in place at the service in all areas of their care including medication and infection control. There were enough suitable trained and competent staff to meet people's needs safely.

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 supported to eat and drink depending on their support needs in this area. People were supported to see health professionals and to live healthy lives.

People were supported in an environment that enabled them to be supported safely. The registered manager was making improvements to the premises to further improve people's care and support. People had access to a complaints procedure and complaints were dealt with promptly and thoroughly. People were supported with dignity and respect at the end of their lives.

People and the staff team were positive about the management of the service. The registered manager completed audits to monitor the quality of the service and put improvements in place where these were necessary. People, relatives and the staff team were encouraged to feedback about the service. The registered manager and staff team worked with other organisations to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 5 October 2018). At this inspection we found improvements had been made and the service is now rated as good overall.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elm Lodge Nursing and Residential 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 Care Act 2014.

Inspection team:

This inspection was carried out by one inspector, an assistant 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 Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the Care Quality Commission. 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.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection:

The inspector, the assistant inspector and the expert by experience visited the service on 27 September 2019. One inspector visited the service on 3 October 2019.

We spoke with 17 people who used the service and six relatives about their experience of the care provided. We spoke with three care staff, one registered nurse, the deputy manager, the activities coordinator, the cook, a domestic staff member, a maintenance staff member, a visiting health professional, the registered manager, the business support manager and one of the providers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records which included all aspects of care and risk including medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The registered manager sent us further evidence in relation to training data and quality assurance records.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People said, "[Staff] look after me very well. If I need someone I ring the bell and [staff] come and help me." and, "I am safe here. [Staff] help me do everything I cannot manage by myself anymore."
- Staff members had training in safeguarding and had a good knowledge of how to keep people safe. Staff members knew how to report safeguarding concerns. Information about safeguarding was available across the service to raise awareness for people, relatives and staff members.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their care needs. This included mobility, pressure area care, medication and living with conditions such as dementia. Staff members had a good understanding of people's risk assessments and followed them safely.
- People were supported safely with moving and handling using equipment such as hoists. Where necessary various records were kept for people in areas such as food and fluid intake or positioning in bed. We reviewed records and observed that people were supported according to their risk assessments in these areas.
- The registered manager and maintenance team completed health and safety checks of the building to ensure that risks were dealt with. This included areas of fire safety. The maintenance team took action if any areas of the service were assessed as being unsafe.

Staffing and recruitment

- People gave us mixed feedback about staffing levels. One person told us, "[Staff] always come quickly. I do not have to wait." However, another person said, "There are less staff at the weekends. You can tell because staff members are often running about wondering what they are doing."
- Staff members told us that there were enough staff to support people safely. Staff members did say, however that having more staff would mean they would have more time to sit and talk with people.
- We observed that there were enough staff to meet people's needs safely throughout the two days of the inspection. However, we also noticed that there were times of the day where areas of the service did not have much staff presence, meaning that people may feel that support was not available at that time of the day.
- We spoke to the registered manager about what people and staff had told us and our observations. The registered manager showed us the tool they used to identify how many staff members were needed to support people. The registered manager also explained that they were regularly reviewing staffing levels and that this was discussed with people and staff on a regular basis. The registered manager explained that ongoing work to the premises would make staff deployment easier. We were satisfied that improvements

were in progress.

- Despite what some people told us and our observations we saw that there were enough staff to support people safely. People's call bells and requests for items such as drinks or personal care were answered promptly by staff members. Nursing staff and the registered manager also supported during busy periods of the day. Staff members and nursing staff took time to talk to people between tasks and whilst they were supporting people.
- The provider had robust recruitment procedures and checks in place to ensure that staff were suitable to work at the service.

Using medicines safely

- At our last inspection we found that medicines were not always checked correctly and that errors such as missed medicines had not been identified. At this inspection we found that improvements had been made.
- People felt well supported with their medicines. One person told us, "I have lots of medication and [staff] are working with the doctor to change my medication and they keep in touch with me to let me know exactly what's happening. My medication is really complicated, and I wasn't managing it, but they helped me here and now it's all sorted."
- We observed staff members administering medicines. Staff had a good understanding of how to do this and followed best practice guidance. People received their medicines depending on their preferences.
- The registered manager and nursing team completed stock counts and audits of medicines. We checked that these audits were effective and found that they were. People's stock of medicines was correct when we checked.
- People who were prescribed 'as and when required' (PRN) medicines had protocols in place to guide staff as to when these needed to be administered.

Preventing and controlling infection

- People told us that the service was clean, and our observations confirmed this. One person told us, "The [domestic staff] work hard here and still always find time to chat to me." A relative said, "[Family members] room is always clean. The [domestic staff] work hard to keep it like that."
- Domestic staff and care staff had training in infection control. Staff told us that they had enough equipment to maintain good infection control at the service.

Learning lessons when things go wrong

- The registered manager kept a log of incidents and accidents and completed audits to identify where lessons could be learned. The registered manager shared any lessons learned with the staff team in supervisions and meetings. The registered manager reviewed these to ensure that actions put in place had led to improvements.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started living at the service. People's assessments included information about likes, dislikes, preferences and life and social history as well as their care needs. This meant that assessments were holistic and focused on being person centred for people.
- The registered manager and nursing staff kept up to date with best practice and guidance. People's assessed needs and care plans were then updated, based on this guidance.
- Nursing staff and the staff team took part in thorough handovers each shift. This was to ensure that staff members knew about people's assessed needs and any changes that they needed to be aware of.

Staff support: induction, training, skills and experience

- People told us that staff were well trained. One person said, "The [staff] really know what they are doing. They are really well trained." Staff members told us, and records showed that they received training in areas such as medication, moving and handling, supporting people living with specific conditions and health and safety.
- Staff members told us that they were well supported. Staff members received supervisions and competency assessments to ensure that they had the necessary skills for the job role.
- New staff members received an induction at the service. Staff members told us that this was helpful and enabled them to complete their job roles effectively.

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

- People were positive about food provided by the service. People told us, "We have two choices every meal and we can always ask for a cooked breakfast which is good." and, "The food is good. We always get two options and it is fine."
- Food looked and smelled appetising and people had a choice of when and what to eat. People were supported to eat and drink regularly throughout the day.
- People were supported to eat, and food was prepared for people depending on their dietary needs. People had their food and fluid intake recorded to support them if this was necessary.
- The cook and kitchen staff had a good understanding of people's likes and dislikes with regards to food. They also told us how they stayed up to date with people's changing dietary requirements.

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

- People told us that they were supported to live healthy lives and see health professionals such as GP's and opticians. One person said, "[Staff] helped take me to an appointment with the GP. I had [health condition]

but it is all dealt with now. Very good."

- People's health appointments and any recommendations from these were recorded and used to update people's care plans. Staff members accommodated transport and company for people who attended health appointments.
- The nursing staff had a good relationship with other professionals such as tissue viability nurses or nurses who dealt with specific conditions. People received support from these professionals in a timely manner.

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

- People and staff told us that the service provided a lot of space to support people. We observed that there was plenty of room to support people safely. The service was nicely decorated and pictures of people taking part in activities which they enjoyed were placed on the walls. People told us that this helped remind them of things they had enjoyed. People's bedrooms were personalised depending on their likes and dislikes.
- We spoke to the registered manager about the limited amount of signage and limited amount of decoration to support people living with dementia. The registered manager explained that they had planned to have one unit specifically designed to meet the needs of people living with dementia. However, people had chosen not to leave the rooms they had been living in for some time which made this difficult. The registered manager told us that they would be considering other options to support people in this area.
- Our observations showed that the layout of the building sometimes had an impact on the deployment of staff, especially at busy times of the day and with regards to activities. The registered manager showed us that this was under constant review and that staffing allocations across the units were changed daily depending on people's needs and choices. Records we reviewed confirmed this.
- The registered manager also showed us that works were underway to improve the premises. Several areas of the service were being extended to make it easier for staff to meet people's needs more effectively.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff asked for their consent. One person said, "Even though I cannot see very well the staff always speak to me, so I know they are there. They always ask me about everything before they do anything."
- People had capacity assessments in place for various areas of their care. The registered manager completed best interests' decisions which involved people, their relatives and other professionals if people needed support to make decisions.
- People had DoLS applied for and put in place in line with current guidance and legislation.

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 good. At this inspection this key question has remained the same. 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

- People and their relatives were positive about the care they received. People told us, "I like all the staff. They are lovely and chatty to me too." and, "I like it here. I would not want to be anywhere else because the staff are so kind." A relative said, "[Family member] is visually impaired but the staff all make sure they chat to [family member] whilst they do things. They are very kind."
- Staff supported people with kindness and respect and without being intrusive. We observed that people felt comfortable and relaxed in the presence of staff team. People were laughing and visibly showing that they were happy being supported by staff members. Staff members made an effort to sit and talk with people whilst they were supporting them.
- People's equality and diversity was respected. For example, one person spoke Italian and staff members had learnt some key phrases to be able to communicate with them. People were also supported in areas that were important to them such as religion.
- Staff members told us about the people they were supporting and knew them well. People's care plans were written in a kind and caring manner and focused on people's individual needs.

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

- People told us that they could make choices about their care. People told us, "I can go to bed when I want to. It is like my own little place here." and, "I like to have personal care very early in the morning. That is my choice so that is what [staff] do." Staff involved people in making day to day choices such as choosing drinks and activities throughout the inspection.
- People could not recall being involved in the compiling and review of their care plans. One person said, "No, I do not get involved with things like care plans. [Staff] just do what they have to." However, records showed that people were regularly involved in updating care plans both with formal reviews and if people told staff that they wanted changes made to their care.
- The registered manager shared information with people in accessible formats so that people knew about changes at the service.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person told us, "[Staff] are really good at helping me out. They know what help I need and what I can do by myself. Really good." Staff members promoted people to be independent in daily tasks throughout the day. For example, only filling a cup half way so that a person was able to drink themselves.
- People's privacy and dignity was promoted. One person said, "If [staff] are doing anything personal in my

room then we always close the curtains." We observed staff knocking on people's doors and ensuring that privacy and dignity was maintained during tasks like personal care supporting people to move around the service.

- Staff members had a good understanding of how to support people's privacy, dignity 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 good. At this inspection this key question has now deteriorated to 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 told us that due to the layout of the building staff members were often busy and that sometimes there was little to occupy them. This was particularly the case in one of the lounges at the service. People told us, "There is not enough to do here really. Everyone just sits around. I would like to do more." and, "There are a few nice things to do from time to time, but mostly it is people sitting and sleeping."
- The activities coordinator organised several activities throughout the days of our inspection such as fruit tasting, cake baking and flower arranging. People really seemed to enjoy these activities. However, the activities coordinator was finding it difficult to get to see every person for a meaningful amount of time. Staff members engaged with people where they could, however personal care tasks meant that this was difficult. People told us they would have preferred to spend more times involved in specific activities.
- Whilst people were not involved directly in planned activities we saw that they were offered choices of activities such as reading newspapers, watching TV or completing puzzles or word searches. We observed people really enjoying the activities offered by the activity coordinator more than these activities.
- The activities coordinator and staff members told us that they would like more time to sit and talk with people and engage them with activities. Staff members told us that some days this was easy to do where as other days, where people may need more support, it was more difficult. One person said, "The staff work flat out. You cannot fault them, and they have a nice way about them but very little time to sit and chat with you."
- We spoke to the registered manager and business support manager about this. They acknowledged that this was an area that could be improved. The registered manager told us that they would be reviewing this area to ensure that more activities were on offer for people in the future.

We recommend that the service look in to supplying more varied and person-centred activities on a more regular basis for people throughout the day, based on current best practice and guidance.

- We saw evidence that people were encouraged and involved to access the community on a regular basis. This included visits to the town market and shops, trips to the sea side and recently a memory walk to raise money for people living with dementia.
- People were supported to keep relationships with others important to them. One person said, "My family can come and go whenever they want to. [Staff] are very welcoming and kind to them." People had visits from those important to them throughout the day.

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.

- People's communication needs were assessed, and people were communicated to in their preferred communication method. This included pictorial information and signs and phrases in people's first languages. This was clearly documented in people's care plans and information about activities and meals were also offered in different formats.
- People were offered pictorial menus to choose meals however this was done the night before the meal was due to be served. People told us that this was inconvenient. One person said, "There is a choice but [staff] ask you the night before so I never remember what I have chosen anyway." This meant that whilst people were being communicated to appropriately, there were ways that this could be improved.
- The registered manager told us that they would work with the kitchen staff to improve on the communication around meal choices.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care around their needs such as living with dementia or other health conditions.
- Staff members knew people well and engaged with them depending on their interests. For example, staff members knew what newspaper people read and how they liked to have their drinks made.
- People's care plans were written in a very person-centred way and focused on people's likes, dislikes and preferences rather than basic care needs. This meant that staff members were able to know people as individuals and our observations during the inspection confirmed this.
- Staff members completed daily notes about people's day and these were often task based and did not give a holistic view of the person's experiences. We spoke to the registered manager about this and they told us that this would be discussed with the staff team. The registered manager had already actioned this by the second day of the inspection.

Improving care quality in response to complaints or concerns

- People had access to a complaints and compliments policy and this was available in different formats. People told us they had not made any formal complaints recently. Past complaints had been investigated and actions had been put in place to ensure that the complaint was dealt with to the persons satisfaction. The registered manager monitored complaints for any trends and put action in place where this was necessary.

End of life care and support

- People had been supported to put detailed plans in place for the end of their life. Staff members had supported people with dignity and respect at this time. We saw a lot of compliments written by relatives about the support that had been given by staff members to their family members at this time.
- Staff members had training in end of life care and had a good understanding of how to support people at this time of their lives.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection, we found that the registered managers medication audits were not effective and that people's care plans were difficult for staff to follow. At this inspection we found that improvements had been made. Medication audits were now effective and people's care plans were laid out in a way which made them easily accessible for people and staff members.
- The registered manager and nursing staff completed audits in all areas of the service such as health and safety, medication, care plans and incidents and accidents. Actions were put in place based on these audits if areas that needed improvement were identified.
- The registered manager and staff team had a good understanding of their job roles and the impact that they had on people's lives. A staff member told us, "Our job is a very important one. The most important thing is to take a person-centred approach with people and keep people happy."
- The registered manager reported all notifiable incidents to the appropriate authorities such as the CQC or the local authority safeguarding team. The registered manager encouraged a culture where, if something went wrong, people were kept informed of actions taken to improve the service and apologised to.
- Staff members had clear plans in place and understood what to do in an emergency such as a fire or extreme staff shortages.

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

- People were positive about the management of the service. People said, "I know [registered manager] and I can also go to [business support manager]. They are very helpful." and, "There are several people who would help if I needed them to and [business support manager] is so nice."
- Staff members were encouraged and supported to help achieve good outcomes for people. This included, supporting people to family occasions and organising events for occasions such as people's wedding anniversaries. Staff members also supported people and their family members to plan and attend events such as holidays. People told us that this meant a lot to them.
- During our inspection, there was a positive atmosphere at the service and people were happy, laughing and joking with each other and staff members supporting them. The registered manager and business support manager were very visible during the inspection and clearly knew people and the staff team well.

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

characteristics

- People and relatives were invited to attend regular meetings about the service, although these were often not attended. The business support manager told us that they were trying to engage people and their relatives in these meetings more frequently. Meeting minutes we reviewed showed that these meetings were used to update and engage people and their relatives about the service.
- People's views were recorded on an informal basis and used to update people's care plans where necessary. This meant that staff members had up to date information about how people wanted to be supported.
- The registered manager produced a quarterly newsletter called Elm Lodge news which kept people and their relatives up to date with what had been happening at the service.
- Staff members were involved in feeding back about the service in supervisions and team meetings. Staff members were positive about the management of the service. One staff member told us, "You can approach [registered manager and your ideas are listened to. They are very good."

Continuous learning and improving care

- The registered manager was passionate about improving the service. They spoke to us about improvements that had been made to improve the service since our last inspection. The registered manager had also started working on improvements to the premises and the level of activities available for people at the service.
- The registered manager used findings from audits to continually improve the service. They also kept themselves up to date with current best practice and guidance. The registered manager was keen to keep improving the service based on our recommendations. On the second day of the inspection improvements were already underway in several areas such as supporting staff to write more effective daily notes.

Working in partnership with others

- The registered manager linked with several organisations to achieve good outcomes for people. This included plans to link with an organisation that supported and funded people to achieve their 'dreams' such as flying in an aeroplane. People had also been supported to link with dementia support organisations and external entertainers such as choirs and animal therapy. School children from local schools attended at the service to take part in activities with people.
- The registered manager was working with other nursing colleagues to set up a discussion group about sharing best practice.
- There were strong links with health professionals. We spoke to a visiting reflexologist who told us that the registered manager and staff team were open and communicative and had a passion for doing what was right for people.