

Elmhurst (Shropshire) Ltd

# Elmhurst Nursing Home

## Inspection report

Armoury Lane  
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### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Elmhurst Nursing Home provides accommodation and personal care for a maximum of 33 older people, including people who live with dementia or associated conditions. The service accommodated 22 people at the time of the inspection.

People's experience of using this service: People were safe and they told us staff were approachable. There were enough staff on duty to provide safe care to people. Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, we have made a recommendation about following best practice guidelines for medicines management and best interest decision making, where people do not have mental capacity.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming. People and their relatives were involved and supported in decision making. People's privacy was respected and their dignity maintained.

The home was being refurbished and people were very positive about the changes taking place. People's and staff comments included, "It's like a hotel", "It's a pleasure to work here" and "I love coming to work." There was a good standard of hygiene.

Staff had a good understanding and knowledge of people's care and support needs. They received the training and support they needed. People were supported to access health care professionals when required.

Risk assessments were in place which identified current risks to people as well as way to reduce those risks. There was an open culture of learning when things go wrong. Staff worked well with other agencies to ensure people received appropriate care.

Activities and entertainment were available to keep people engaged and stimulated. People's views and concerns were listened to and action was taken to improve the service.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

Why we inspected: This was the first inspection of the service since it was registered in September 2017. This was a planned comprehensive inspection.

Follow up: We did not identify any concerns at this inspection. We will therefore re-inspect this service within

the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Elmhurst Nursing Home

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by an adult social care inspector.

**Service and service type:** Elmhurst Nursing Home is a care home that provides accommodation and personal care. 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 operated from one adapted building.

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 was an unannounced inspection.

**What we did:** Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We reviewed information we held about the service, about events which the provider is required to tell us about by law.

We contacted commissioners to seek their feedback. We received no information of concern. We spoke with seven people, the provider, the registered manager, deputy manager, the clinical lead, four support workers,

the activities co-ordinator, the chef and three relatives. We reviewed a range of records. These included four people's care records and three people's medicines records. We also looked at four staff files to check staff recruitment and training records. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People were cared for safely. People and relatives told us people were safe at the service. Their comments included, "I feel safe, staff are around" and "I'm very well-looked after."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns thoroughly.
- The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Assessing risk, safety monitoring and management.

- Risks were managed well. Systems were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety such as risk of falls or choking. Staff reviewed risk assessments but we identified that these should be evaluated more often to ensure they remain current. The registered manager told us this would be addressed.
- Where people required equipment to keep them safe, these were in place and appropriately maintained. For example, alarm sensor mats to alert staff where people were at risk of falls.
- Systems were in place to ensure the premises and equipment were safe to use and well maintained.
- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. People had individual emergency evacuation plans in place if people needed to be evacuated from the building in an emergency. These were updated as people's needs changed.

Staffing and recruitment.

- There were enough staff deployed to support people safely. People and relatives, told us that there were enough staff available. One person said, "Staff are always about."
- Staffing levels were determined by the number of people using the service and their needs. The home had separated into two units, the previous day, and the provider and registered manager were working with staff and providing direct care and support to help assess the correct staffing levels for the units.
- Systems were in place to ensure only suitable people were employed.

Using medicines safely.

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records showed people received their medicines regularly.
- Staff completed training to administer medicines and their competency was checked regularly.

Preventing and controlling infection.

- Measures were in place to control and prevent the spread of infection.

- Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available to help reduce the spread of infection.
- Housekeeping staff followed cleaning schedules to ensure all areas were regularly cleaned. A relative commented, "It's like a hotel. The place is very clean."

Learning lessons when things go wrong.

- A system was in place to record and monitor incidents to ensure people were supported safely.
- Any incidents were analysed to identify trends and patterns to reduce the likelihood of their re-occurrence.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff received training to ensure they had the skills and knowledge to carry out their roles and meet people's needs. New staff completed an induction before working as a permanent member of staff. This included shadowing experienced members of staff. One staff member told us, "I did four days of shadowing and started the Care Certificate."
- Staff received ongoing training that included training in safe working practices and for any specialist needs. A staff member commented, "There are lots of training opportunities."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. One staff member commented, "I'm very well-supported. The management team are really approachable." Another staff member said, "I'm studying a leadership course in management."

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

- Before people received care, their needs were assessed to check that they could be fully met.
- Staff used nationally recognised tools to assess areas of risk such as pressure ulcers, nutritional and falls risks.
- Care plans were developed for each identified need and staff had guidance on how to meet those needs.
- Staff completed daily accountability records to record any interventions carried out with people. For example, where positional turns were carried out to prevent pressure ulcers.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. Food, including pureed food looked appetising and well-presented.
- Nutrition care plans were in place and these identified requirements such as the need for a modified diet.
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake.
- People enjoyed a positive dining experience. No one was rushed and people could eat their meal at their own pace. Staff were supportive to people and offered full assistance as required.

Tables were very well-set to make it a positive visual dining experience for people as they ate their meal.

- Accessible menus were not available to inform people of the meal time choices if they no longer understood the written word. People were not shown the different meal options on plates at lunchtime, so they could choose which they wanted at the time. The provider and registered manager told us that this would be addressed. When people were served and they didn't want the offered options, they were provided with an alternative.

Supporting people to live healthier lives, access healthcare services and support.

- People had good access to a range of healthcare services. People were registered with a GP and received care and support from other professionals, such as the dietician and speech and language therapist.
- Care plans were in place to promote and support people's health and well-being.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with nurses and the management team.
- People were referred for any specialist advice and support from different health professionals in a timely way.
- Staff followed professionals' advice to ensure people's care needs were met.
- A GP from the local GP practice visited the service regularly to review people and staff told us they could request a visit at any time if necessary.

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

- The home had been extensively adapted and refurbished and was nearing completion of refurbishment. Everyone was very positive about the changes to the home.
- The home was bright, spacious, very well-decorated and airy. The environment was well-designed and was being adapted to meet people's needs. Two separate units had been created which were safe and very comfortable for people. Corridors were wide enough for easy wheelchair access.
- Minimal signage was available for people who lived with dementia to find their way around. The provider and registered manager told us that this would be addressed.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff obtained consent for people's care and support. Staff had received training and had a good understanding of the principles of the MCA. People were supported wherever possible to make their own decisions.
- Where people lacked mental capacity to be involved in their own decision making, the correct process had not always been used with regard to the management of medicines for a person, where some of their medicines were mixed together before administration. Documentation did not show the reasons why they were being mixed or that a best interest meeting had taken place with the relevant people. We discussed this with the provider and registered manager who told us it would be addressed. We have made a recommendation to consider best practice guidelines on managing medicines in care homes.

- DoLS applications were made when required. The registered manager told us they were liaising with the local authority to submit some applications which may now be necessary, as a keypad lock had been fitted

between the units which restricted people's movement around the home.

# 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.

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 relatives told us that staff were very kind, caring and friendly and we saw that interactions were warm and respectful. Their comments included, "Staff are so kind and helpful", "They [staff] do listen to me", "Care is exceptional" and "I like living here."
- There was a calm and friendly atmosphere in the home. Staff knew people well and could tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting and engaging with people.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- Care records contained some information about people's likes and dislikes. We highlighted that these could be more detailed to contribute to more person-centred care. The registered manager told us this would be addressed.

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

- People were involved in daily decision making and staff encouraged them to express their views and wishes. People's records advised staff how to communicate with the person.
- Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.
- Some people were familiar with their care plan and family members felt involved in the care of their relative and were kept informed.
- Some information was provided in ways which people could access and understand and promote their involvement. We advised information such as menus, activities and an orientation board could be pictorial to promote people's involvement where they no longer read. The registered manager told us this would be addressed.
- Advocates were used when required. The registered manager told us that people had relatives who advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity was respected in the way that staff spoke to people and acted towards them.
- Care plans were written in a respectful, person-centred way. They outlined for the staff how to provide individually tailored care and support, that respected people's privacy, dignity and confidentiality.
- Staff respected people's personal space and were observed knocking on people's bedroom door before entering. People's dignity was respected as they were assisted to use the mobile hoist.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care and support was personalised and responsive to people's individual needs and interests. It was delivered by staff who knew people well. People, relatives and other professionals were fully involved in planning how staff would provide care. A relative commented, "Staff are very responsive and accommodating."
- People's care records documented their preferences and health and mental health care needs.
- Care plans provided some information to guide staff's care practice. However, they did not give detailed instructions of what staff needed to do to help maintain the person's independence and deliver the care in the way the person wanted. We discussed this with the registered manager who told us it would be addressed.
- Care plans were reviewed, however we identified they should be evaluated more often to monitor people's well-being. We discussed this with the registered manager who said it would be addressed.
- Staff completed a daily accountability record for each person and recorded their daily routine and progress to monitor their health and well-being. We advised the registered manager this information should be included in people's support plan evaluations. They told us it would be addressed.
- A varied programme of activities and entertainment were available. People were observed engaging in activities including quizzes. If people didn't want to join in they watched. A relative commented, "There are loads of activities but [Name] prefers to listen to the radio in their room." An activities co-ordinator was available each day and staff also provided activities for people. Special occasions were celebrated, including people's birthdays.
- Links with the community were being developed and arrangements had been made for local nursery school children to start visiting the home to engage with the older people.
- A regular newsletter advertised the forthcoming activities and entertainment. A person said, "We look at the newsletter to see what's on." We discussed with the provider and registered manager that an accessible activities programme on display could also remind people of daily activities. They told us that this would be addressed.

End-of-life care and support.

- Relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Information was available about the end-of-life wishes of people. A relative commented, "[Name] was receiving end-of-life care and then rallied and that is testimony to all the care and attention they received."
- The provider had planned for staff to be trained following the National Gold Standard Framework for best practice in end-of-life care.
- Some people's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) wishes

that was in place for them with regard to their health care needs.

Improving care quality in response to complaints or concerns.

- A complaints procedure was available. Systems were in place to acknowledge and respond to any complaints
- People told us they would speak with the provider, registered manager or senior staff if they had any concerns.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider and registered manager had a good oversight of what was happening in the service. They were in the service daily and knew the people using the service, their relatives and staff very well.
- Robust arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- There were many compliments about the staff and care provision at the home and the changes. Comments included, "The place is lovely and bright and no patterned carpets", "It's been a heart-warming experience [Name] coming here, staff have been so helpful and caring", "Everyone is so friendly" and "Management are always around to help."
- The provider and registered manager described how the building had been successfully refurbished and adapted whilst people were still living at the home. They told us they had stayed overnight on the premises as needed to ensure they had oversight and to help ensure any risks to people's safety and well-being were well-managed.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager worked well to ensure the effective day-to-day running of the service. A staff member told us, "The registered manager's standards are extremely high." The registered manager, deputy manager and clinical nurse lead had an organised schedule of work and clear lines of accountability were being developed with them.
- Staff and people said they were supported. They were positive about the registered manager. They all told us the registered manager was approachable and they were listened to. Comments included, "The manager will come and help on the floor as soon as help is needed" and "I'm very well supported."
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks.

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

- The registered manager promoted amongst staff an ethos of involvement and empowerment to keep

people involved in their daily lives and daily decision making.

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
- Meetings were held with people and relatives to gather their views and involve them in decision making about the running of the home.
- Feedback was also sought from staff, people and relatives through surveys.

Continuous learning and improving care; working in partnership with others.

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. The provider told us they were applying for the Investors in People award where the provider would be assessed against their investment in staff training and opportunities for staff personal development.
- The management team and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff communicated effectively with a range of health social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.