

Scio Healthcare Limited

The Elms Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Elms Nursing Home is registered to provide accommodation for up to 48 people. The home provides both personal and nursing care support to older people including those living with dementia. The home also provides short term rehabilitation support for people. At the time of the inspection the home accommodated a total of 38 people.

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

Since the last inspection there had been a number of improvements made to the service. These improvements included, more effective staff deployment, increased management oversight, more robust monitoring of the quality of care provided and the upskilling of staff. This had resulted in safer care being provided to people living at The Elms.

People and relatives told us they felt safe and were happy with their care. They confirmed staff were kind and caring and we observed positive interactions between staff and people.

We observed sufficient numbers of staff available to meet people's needs. Staff were available to people in a timely way. Safe and effective recruitment practices were in place and followed.

People's care plans and risk assessments contained consistent and detailed information in relation to people's needs and how these should be managed. People's health needs and wellbeing was monitored in line with the information highlighted in their care plans and risk assessments.

People received their medicine as prescribed. Medicine administration care plans and 'as required' (PRN) plans provided staff with clear and detailed information on how people liked to receive their medicines and when these medicines should be given.

People, relatives and staff were positive about the running of the service and the support they received from the management team and providers. People and staff felt there had been improvements in all aspects of the service since the last inspection.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2019) and there were multiple breaches of regulation. The provider was issued warning notices telling them they must make

improvements and send us an action plan stating how this would be achieved within our timescales. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to ensure that the Warning Notices we previously served to the service in relation to, Regulation 18 (Staffing) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

Currently CQC is undertaking inspections to ensure services are safe and well-led. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We have rated the Key Questions for safe and Well-led as Good. However, the overall rating for the service has remained as Requires Improvement. This is based on the findings at the previous comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms Nursing Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Elms 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. 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

The inspection was completed by three inspectors. Two inspectors visited the service and completed the site inspection and one inspector worked remotely and contacted staff, people and relatives by telephone.

Service and service type

The Elms 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

We gave the service one-hour notice of the inspection visit as we needed to be sure the inspection could be undertaken safely.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with one relative and six members of staff including, the providers representative, the registered manager, the deputy manager, a member of the domestic support team, a nurse employed by the service and a care staff member. We observed the care being provided, reviewed the safety of the environment and reviewed medicine processes.

After the inspection

We reviewed and analysed a range of records we had received from the service, including multiple care plans, risk assessments and monitoring records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures, quality assurance records and additional supporting information provided by the management team. We contacted and spoke with an additional person who uses the service, four relatives and four staff members.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we identified the provider had failed to ensure staff were deployed effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 18.

- There were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- People described there being enough staff available to them to provide care in a timely way. A person said, "The staff come quickly when I need them, there is no problems with this at all." Another person said, "They always help me when I need them, I never really have to wait." A third person told us, "They [staff] come quickly when I need them, I have been very impressed."
- During the inspection we observed staff were available to people and responsive to people's requests for support. There was a relaxed atmosphere in the home and staff had time to chat to people and support them in a calm and unhurried way.
- Staff felt there was enough of them to meet people's needs and told us about the improvements in the staffing arrangements and staff morale. When we asked staff if they felt there was enough staff to keep people safe, their comments included, "Yes, now there is. It wasn't the case a while ago but now yes, it is good", "Oh yes, it is much better" and "Yes, when we are short staffed, we will always use agency staff. We usually use the same staff from the agencies as well, which is quite nice for residents because they get to know them."
- Staffing levels were monitored closely by the management team to ensure staffing levels remained sufficient. This was done through frequent call bell audits to monitor staff response times, the completion of a monthly dependency tool which calculated the number of staff required to ensure people's needs could be met safely and speaking to people and staff about their views on the staffing levels at the home.
- Staff rotas viewed, demonstrated staff levels corresponded with the requirements highlighted on the completed dependency tools.
- The provider continued to have robust recruitment procedures in place, which included seeking previous employment references, obtaining appropriate identification and completing checks through the Disclosure and Barring Service (DBS) before staff commenced their employment. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This helped ensure suitable staff were appointed to support people.

Assessing risk, safety monitoring and management

At our last inspection we identified the provider had failed to ensure risks relating to both the environment and the safety and welfare of people using the service were assessed and managed. This was a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 12.

- Since the last inspection changes had been made to the environment to help promote the safety and wellbeing of the people living at The Elms. For example, window restrictors were in place as required, flooring had been made safe and high-risk areas were no longer easily accessible to people.
- Everyone we spoke with told us they felt safe. Comments from people included, "I feel very safe" and "This is the best home I have been to, I feel safe and well cared for. Everything is very good." A relative told us, "I think [loved one] is very safe here, I don't worry." Another relative said, "Oh, safe, the answer to that is definitely yes. We have no worries at all."
- At the previous inspection we found not all people's care plans and risk assessments contained detailed information and clear guidance to staff about how people's needs should be met to mitigate risks. At this inspection we found care plans and risk assessments had been updated and these records reflected people's needs and provided detailed information to staff on how these needs should be managed and risks mitigated. For example, where people required equipment to support them to move safely, the type, size and setup of the equipment was detailed within their risk assessments and care plans.
- Peoples' care plans contained detailed information and risk assessments in relation to their specific health needs. This information included details of how these conditions should be managed and monitored. Care plans viewed in conjunction with the monitoring charts demonstrated people received effective monitoring and actions were taken in a timely way, when required.
- For people at risk of pressure injuries, risk assessments and care plans provided detailed information on frequency of position changing and actions required for staff to mitigate the risk of pressure damage. There was also a system in place to ensure all pressure relieving equipment was monitored to ensure these were used correctly. Monitoring charts reviewed, demonstrated that people's positions were changed as required.
- We viewed diabetic risk assessments for people and found these contained clear and detailed information for staff. This information included the frequency of monitoring the person's blood sugar levels, their individual normal range, signs and symptoms which would indicate a person was experiencing unstable blood sugar levels and guidance for staff about what actions should be taken.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "Obviously if we suspect that there's any sort of abuse then we need to report to the nurse on duty or if they're not going to take it further than it would be to manager or assistant manager." I would take it further if I needed to like to the local authority or CQC." Another staff member told us, "We do everything we can to protect people. I would report concerns in a heartbeat if I needed to protect people."
- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse.
- There were processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected robust investigations were completed and effective actions taken.

Using medicines safely

- People were supported to take their medicines safely.
- Medicine administration care plans provided information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- People were provided with 'as required' (PRN) medicines when needed. People also told us that they could access pain relief when required. PRN plans included information for staff to understand when these medicines should be given, the expected outcome and the action to take if desired outcome was not achieved.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely. However, we found the monitoring of the temperatures of medicines fridges was not always recorded consistently and as per guidance set within the providers medicines policy and actions had not been taken when these fridges were above the recommended temperature. This was discussed with the management team who agreed to review the current system and implement changes as required to ensure medicines stored in fridges remained safe to use.
- Full stock checks of medicines were completed monthly and daily checks were also completed by the nursing staff to help ensure medicines were always available to people.
- Medicines were administered by registered nurses or suitably trained staff who had been assessed as competent to do so safely.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed and there were safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

- Staff were trained in infection control and had also received specific Covid-19 training to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance.
- Throughout the inspection staff were observed to be wearing personal face masks as per the latest government guidance. The use of additional Personal Protective Equipment (PPE) was discussed with the registered manager and providers representative who agreed to seek advice to ensure all PPE was worn in line with government guidance.
- Risk assessments and procedures were in place in relation to infection control and additional risk assessments and procedures had been introduced in response to the coronavirus pandemic.
- Personal protective equipment (PPE) such as disposable masks, visors, gloves and aprons, were available for staff and visitors to the service to use.
- All areas of the home were clean and regular cleaning tasks were completed in line with set schedules. Cleaning tasks completed fully considered high risk areas.
- There was an up to date infection control policy in place, which was understood by staff.
- Infection control audits were completed on a monthly basis. We viewed the last completed infection control audit and found it was detailed and actions identified had been completed as required.
- People and relatives all confirmed staff used PPE and washed their hands appropriately. Staff said they had access to plenty of PPE.

Learning lessons when things go wrong

At our last inspection we identified the provider failed to ensure robust investigations were completed to establish possible causation following incidents and accidents. This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action and was no longer in breach of regulation 12.

- There was a process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.

- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

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

At our last inspection we identified the provider had failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. This included audits which were completed regularly for areas such as, care plans, medication, call bells, mattresses and mobility equipment, falls, infection control and the environment. All completed audits resulted in an action plan being completed, where required.
- Where issues were identified through the provider's governance systems actions were taken in a timely way.
- There was a clear management structure in place, which consisted of the provider, a registered manager and a deputy manager as well as the wider management team; each of whom had clear roles and responsibilities.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control.
- The registered manager said that following the last inspection, a number of changes had been made to help promote effective team work which had had a positive impact on the quality of care provided. This included, additional training and enabling increased opportunities for staff, which meant they were more involved in decisions about how care should be provided. This gave staff more responsibility, which resulted in improved outcomes for people.
- Staff understood theirs and other roles in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care which treated people with dignity and respect.
- Staff felt well supported by the registered manager and management team. Support included, regular team meetings, regular supervision, appraisal and training, included assistance with obtaining higher qualifications. Staff told us, "We are listened to and we all get on well and work together." Another staff member said, "I am very supported, I can ask if I need help or don't understand something." A third staff member told us, "I feel listened to. The manager will take the time to listen to you she's been absolutely fantastic with me I have to say."
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and

regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

- The previous performance rating was prominently displayed in the reception area and on the providers website.

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

- People, relatives and staff felt the management team were approachable, open, honest and effective in their roles. People and staff were confident about raising any issues or concerns with them.
- During the inspection we observed a relaxed and calm atmosphere in the home and people were comfortable speaking to the staff and asking them for support when required. A person said, "The staff speak to me nicely and are so kind." Another person told us, "I haven't been here long, but might ask if I can stay. I didn't know such nice places existed, there is such a nice and friendly atmosphere." A third person said, "The staff are exceptionally good and talk to me as a person."
- Staff were positive in their roles and worked well as a team. One staff member said, "I just think it's better overall at the home than it was when the last inspection visit." Another staff member told us, "Things have improved so much (since the last inspection), it's completely different." A third staff member said, "I think staff morale at the moment is really good. We are just trying to be a family to the residents you know, because you have to fill the gap up from them not being able to see their own family as much."
- People and relatives spoke positively about the registered manager and the running of the service. Relatives comments included, "I think [registered manager's name] has worked extremely hard and has improved the standard of care" and "If I needed to speak to the manager I just phone in and asked to do so, I've always been put through to her. I can truly say that she is always been there to listen and to act if necessary." A person said, "If there is a problem I just speak to [registered manager] she always sorts it out."
- Feedback was actively sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys, group meetings and on a one to one basis. Feedback surveys were given out annually. The service was able to demonstrate feedback was acted on. For example, in the most recent relative survey it had been highlighted that relatives sometime found it difficult getting through to the home via telephone at weekends. This had resulted in the service employing a weekend receptionist.
- Staff told us they felt valued by the management team. The provider held a recognition scheme for staff called 'Hartford Heroes' which praised staff for their hard work and commitment.
- Staff told us staff meetings took place and they were encouraged to provide feedback and make suggestions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. The management team were able to demonstrate this was followed as required.

Continuous learning and improving care

- Complaints, concerns, accidents, incidents and near misses were recorded and monitored. These were recorded by the registered manager and reviewed by the wider management team to allow continual oversight of the service. This helped to identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- Staff performance was closely monitored by the management team through one to one meetings and observational supervisions. The registered manager and deputy manager worked closely with staff,

completed spot checks and observed staff perform their daily tasks.

- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service continued to work in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The home has a contract with the NHS to provide community rehabilitation beds. However, due to the covid-19 pandemic this arrangement had been altered to provide a 'step down' service to help reduce pressure on the local hospital. The management team worked closely with external health colleagues to ensure admissions from hospital were safely managed.
- The Elms internal management team had regular contact with the provider's senior management team who provided internal and external updates. Throughout the inspection a member of the provider's senior management team was present to support the registered manager.