

# The Elms Residential Home Limited

# The Elms Care Centre

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

The Elms Care Centre is a residential care home providing personal care for up to 18 older people, some of whom live with dementia. Accommodation is provided across two floors. At the time of our inspection, there were 14 people using the service.

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

The provider's quality assurance system was ineffective. Whilst some risks, including environmental hazards and individual risks to people using the service, had been identified through governance systems, no action had been taken to address these. Audits and checks failed to identify that people's care plans did not include the information and guidance staff needed to protect people from the risk of harm. Audits, although completed, were not effective in accurately capturing information or driving improvements. There had been a lack of effective oversight of the service by the provider. The lack of robust, effective quality assurance meant people were at risk of receiving poor quality care. This led to continued breaches of regulations.

Care plans required further improvement as records did not always accurately reflect people's care needs or known risks to them. Staff provided personalised care, though this was not supported by any information or guidance in people's care records.

Medicines were managed safely. Improvements had been made to the cleanliness of the environment. The service was clean, tidy and odour free. Infection prevention and control policies and procedures were fully implemented by the service and protected people from the current increased risk of infection. Staff wore masks, gloves and aprons in line with government guidance.

Staff recruitment checks were completed to make sure staff were suitable to work in the service and there were enough staff on duty to meet people's needs.

The culture of the service had improved. Relatives and staff consistently reported the change in management had made a positive impact upon people's quality of life. Relatives reported the culture of the service was more open and they felt comfortable raising concerns with staff and the provider.

Following our inspection, the provider took immediate action to address risks relating to the environment and individual people. They provided evidence of planned, on-going improvements to the service.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 6 September 2019).

### Why we inspected

We received concerns in relation to the management and governance of the service. We undertook this focussed inspection to check the provider was meeting legal requirements. This report covers our findings in relation to the Key Questions; Safe and Well-led. The overall rating for the service has changed from Requires Improvement to Inadequate. This is based on the findings at this inspection. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and treatment, premises and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Special Measures

The overall rating for this service is 'Inadequate' and the service is in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements. If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# The Elms Care Centre

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

This inspection was carried out by two inspectors and an Expert-by-Experience.

#### Service and service type

The Elms Care Centre is a residential 'care home'. People in care homes receive accommodation and 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 service did not have a manager registered with the Care Quality Commission. A manager had recently been appointed and was in post at the time of our inspection. They intended to apply for registration with the Care Quality Commission. The provider is 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service to gain their views about their care and support. We also spoke with the area manager, the manager, three care staff and a housekeeper. We observed care provided by staff to help us understand the experience of people who could not talk with us. We also spoke with eight relatives by telephone.

We reviewed a range of records. This included parts of four people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed. A number of these records were provided to us electronically to reduce the amount of time inspectors spent on-site.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found around people's care.

# 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 deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the premises and equipment was well maintained, clean and suitable for its intended purpose. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of this regulation.

- Parts of the environment posed a risk to people's safety. Areas included a window in one person's room that was rotten and damaged, damaged flooring in three bedrooms and three ensuite rooms and a cracked stained glass window held together with sticky tape. In addition, we found the rear garden presented significant risks for people to be able to access this due to uneven paving and a collapsed out house. We also identified trailing electrical wires in the communal lounge.
- Some furniture in communal areas was not suitable for people using the service. For example, dining chairs did not have arms to support people to stand independently and safely. We observed one person soil a fabric armchair. This was not observed by staff until inspectors pointed it out. The chair was immediately taken out of use but the fabric of the chair made cleaning and infection prevention and control ineffective.
- People's risk assessments were not always comprehensive, or up-to-date and did not clearly identify hazards and associated safe measures. For example, one person required support to maintain a prosthetic. Their care plan did not provide staff with any instruction or guidance on how to provide this support. A second person required support to manage a health condition. Although their care plan identified support was required, there was no guidance for staff to follow if daily readings, essential for monitoring the person's well-being, were outside or 'normal' range or instruct staff in how to respond in the event of changes in the person's well being.
- People's care plans did not include guidance on behaviour management strategies to support staff to respond consistently when people became distressed. We received different responses from staff as to how they responded when one person became distressed whilst care was being provided. This meant the person was at risk from receiving inconsistent care and interventions required to keep them safe during distressed times.

We found no evidence that people had come to harm however, the provider had failed to properly maintain the premises to ensure it was suitable for the people using the service. This was a continued breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always assess and take timely action to mitigate potential risks for people using the

service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider's representative provided evidence that furniture had been replaced and work had been commissioned to replace the damaged flooring, window and make access to the rear garden safe for people. They also provided evidence that work had been commissioned to make the stained glass window safe and re-decorate the external areas of the premises.

- People told us they felt safe living at the service and family members told us they were confident their relatives were kept safe. One person told us, "I feel safe here because there is always someone around to help me." Comments from relatives included, "My [family member] had a couple of falls in April. I was told immediately and I am happy with the actions taken," and "If [name] did not feel safe they would tell me and [name] has always said they are happy."
- Systems in place to prevent and control the spread of infection were generally well managed.
- The environment was clean and hygienic. Housekeeping staff told us they had sufficient time and resources to keep the environment clean. The provider had re-decorated in many areas, providing a more personalised and homely environment.
- We were assured by the additional measures in place to help prevent the spread of COVID-19.
- There was a good stock of personal protective equipment (PPE) of an appropriate standard and staff used and disposed of it in line with current national IPC guidance.
- The provider had reflected on where things had gone wrong and started to take action to address concerns. For example, cleaning standards had improved within the home. Staff were involved in identifying where improvements were needed. However, procedures to support learning and reflection required further development to ensure improvements were made in a more timely manner.

#### Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- Medicines were stored safely and regular checks were in place to ensure record and stock levels were complete and accurate. There were effective systems in place for ordering and disposing of medicines safely.
- People's care plans included details of their medicines and the support they needed to take their medicines.
- Protocols were in place to guide staff in administering as and when required medicines, for example pain relief, to ensure people received these as prescribed.
- Staff competencies were regularly checked. Processes were in place to ensure lessons were learnt were errors occurred and action taken to prevent further errors.

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

- Staff were aware of safeguarding procedures and said they were confident to raise any concerns with the management team.
- People were safeguarded from the risk of abuse. The provider raised and responded to any concerns in line with safeguarding procedures. They reported and worked with safeguarding agencies to ensure people were kept safe from harm.



### Staffing and recruitment

- There were enough staff on duty to support people safely. The rota showed consistent staffing levels at the service. There were contingency plans in place, including the use of agency staff, should staffing levels fall at any time.
- Staff met people's needs promptly and spent time talking with them and listening to their views. Staff were attentive to people who chose to spend time in their rooms and to people in communal areas. Call bells were responded to in a timely manner so people did not have to wait long for assistance.
- The provider followed safe recruitment procedures to ensure staff were suitable to work with people using care services. This included evidence of employment history and checks with the Disclosure and Barring Service (DBS).

# 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 deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our inspection we found a lack of effective management had placed people at risk of harm, this was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement was made at this inspection and the provider was still in breach of regulation 17.

- Governance systems did not always identify or manage risk effectively. For example, some maintenance concerns had been identified at the last inspection but the provider had not taken timely remedial action.
- Audits and checks identified some shortfalls, however, action plans did not evidence that improvements had been made as a result. For example, a provider audit in June 2020 identified that filing systems were a concern as archive care records were stored in a large pile in a cupboard rather than with individual files. The action plan identified this had been resolved. We found a large amount of care records still stacked in a large pile in the cupboard. This meant some information could get missed or maybe difficult to find when needed.
- Audits and checks failed to identify people's care plans were not personalised, or that people's risk assessments did not provide sufficient detail or information to guide staff on the measures needed to mitigate risks.
- The service did not have registered manager in post. A manager had been appointed several days prior to our inspection visit and intended to apply for registration with the Care Quality Commission.

The provider had failed to establish and operate effective systems to monitor, assess and improve the quality of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider's representative took immediate action to address the issues we found at this inspection. They provided us with a new action plan. There was evidence that the new manager had made some progress with the action plan and the provider had taken action to mitigate immediate risks for people.
- Staff consistently told us the new manager had the knowledge and skills required for the role and felt they

would be able to support the service to continuously improve.

- The manager, together with the provider's representative, had a clear vision for the future of the service, which was shared by the staff team. The majority of staff we spoke with and observed during our visit were engaged and invested in the service to provide people with quality care. Staff we spoke with described improvements to the culture of the service and teamworking. One member of staff told us, "This is a good place to work now. Communication is so much better. We feel listened to."
- The provider had taken some action to ensure lessons were learnt from recent safeguarding incidents. For example, they had refreshed staff knowledge and understanding of whistleblowing procedures. Staff consistently told us they were able to approach the manager with any concerns.

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

At our last inspection we found the design and delivery of care did not always meet people's needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the service was no longer in breach of Regulation 9.

- Relatives told us that recently, the service had improved and the care and support was personalised. One relative told us, "The staff know my relative very well. [Name] always appears happy and well cared for."
- Although care plans lacked personalised information, staff demonstrated that they understood how people liked their care to be provided. For example, one person's care plan described how they liked to be well presented and wear clean glasses. Staff supported the person to choose smart clothes and cleaned their glasses for them.
- Throughout the inspection visit, we observed positive, personalised interactions between staff and people. Staff were attentive and responsive to people's needs.

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

- The duty of candour is a legal requirement for providers to be open and transparent and take actions when certain events happen, such as reporting incidents and apologising to relevant people.
- Relatives we spoke with consistently told us the service was now more open and they received information about incidents and events involving their family member.
- Staff felt the provider was open and honest about what had gone wrong and what needed to happen to improve the service.
- People's relatives consistently told us they had been concerned about the turn-over of managers and staff and its negative impact on the quality of care. They now believed the service had improved since the manager had joined the service. A relative told us, "I had not been happy with the way the service had been run for some time and if it was not for COVID 19 I would have moved [name of family member]. Since new managers have been involved in running the home, I am very happy and can see some positive improvements and [name] is also happy". A second relative told us, "The home is brilliant, the whole family is happy with the care [name of family member] is receiving. We could not ask for more".
- The provider was in the process of developing systems to gain feedback from people and their relatives. People confirmed they were able to share their views informally and relatives told us they could share information over the telephone.

Working in partnership with others

- The service was working closely with the local authority to monitor progress against their service improvement plan.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always assess and take timely action to mitigate potential risks for people using the service

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure that all areas of the premises were properly maintained to be safe and suitable for people to use.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems and process to assess, monitor and improve the service.

### The enforcement action we took:

Warning Notice