

Elmleigh Homes Limited

# Elmleigh Homes Limited

## 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

Elmleigh Homes Limited is a residential care home providing personal care to up to 22 people who may have learning disabilities and autistic people. At the time of the inspection 19 people lived across four separate buildings. The service consisted of one 'main house', two smaller detached houses, 'Sapling 1' and 'Sapling 2', and a small house containing one flat which was occupied by one person. There was a secure car park area with tables and chairs people could use in warmer days and one 'summer style house' which was in the process of being set up to be used for arts and craft and other activities.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

**Right support:** People were generally supported to have choice and control of their lives. The service promoted people's independence and ensured people were encouraged to learn new and build on current life skills.

**Right care:** Despite the registered manager and staff telling us they had the safety of people at the heart of all they did, they had not considered the risk they were putting people at because they had not followed government guidance about wearing personal protective equipment (PPE) during the COVID-19 pandemic.

**Right culture:** Managers and staff were not clear about their roles, or did not understand quality performance, risks and regulatory requirements in regard to the COVID-19 pandemic. None of the staff had challenged this unsafe practice.

The management and staff did not fully understand the importance of the prevention and control of infection. Risks to people's health was not managed in a safe way. Staff were not following government guidelines about wearing PPE. The provider had not embedded the government guidance during the pandemic to ensure lessons were learnt and people were always kept safe.

Staff were trained to administer medicines; however, the management of medicines was not always effective in identifying issues and concerns. Recruitment documentation was not always retained in line with the provider's policies and best practice guidelines

Staff knew how to safeguard people from abuse and avoidable harm. There were sufficient staff to meet people's needs. The service worked in partnership with other professionals to ensure people received the support they required.

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.

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 and update

The last rating for this service was good (published 15 February 2019).

Why we inspected

We received concerns in relation to poor infection prevention and control practices and the service not following government guidelines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. 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 looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Inadequate. We have found evidence that the provider needs to make improvement. Please see the Safe and Well led sections of this 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 Elmleigh Homes Limited 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 breaches in relation to safe care and treatment 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.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will meet with the provider following this report being published to discuss how they will make changes to

ensure they improve their rating. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore 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 of 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.

## 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.

# Elmleigh Homes Limited

## 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Elmleigh Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 clinical commissioning group who work with the service. 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 five of people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager and two care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 good. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. People were at risk from catching infections because procedures to prevent visitors and other visiting professionals from spreading COVID-19 were not effective. At the time of the inspections the inspectors were asked to show proof of completed Lateral Flow Device Test (LFD) results, however additional precautionary checks such as screening for symptoms of COVID-19 before entering were not requested or completed.
- We were not assured that the provider was meeting shielding and social distancing rules. People who were extremely vulnerable of contracting COVID-19 were not identified by the provider. Risk reduction plans and measures to reduce the risks of infection were not put in place. This put people at risk of catching and spreading of infections.
- We were not assured that the provider was using PPE effectively and safely. Staff did not wear required surgical masks. The registered manager told us this was because some people living in the service did not tolerate them. However, there were no risk assessments completed and no evidence staff had followed government guidance to de-sensitise people to accept the PPE. This put the people at heightened risk of infection.
- We were not assured that the provider was accessing testing for people using the service and staff. Staff were not tested for COVID-19 in line with government guidance. The service held no records of required staff rapid Lateral Flow Device (LFD) tests. We looked at staff's weekly Polymerase Chain Reaction test (PCR) records and found that only three to four staff had completed these tests. This meant staff and service users were at risk because tests to quickly identify people who could be infectious were not carried out.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were in a very poor state of repair which made cleaning them to a satisfactory standard impossible. For example, we saw lime scale on majority of hot and cold taps, water damage to paintwork and mould in shower enclosures. The premises did not look clean and hygienic. Despite cleaning schedules, effective cleaning was not sustained. This meant people were put at risk because hygiene practices of the service were not maintained to a good standard.
- We found the service in a poor state of repair. This included peeling paint in numerous bathrooms, cobwebs in most bedrooms and communal areas, dirty and rusty microwave, broken window in one of the houses and lack of radiator covers. This meant effective systems were not in place to identify and manage environmental concerns and this put people at risk.
- Before our inspection we had contacted the registered manager on three occasions to seek assurance and to signpost the provider to resources to help them develop their approach. Despite this support the registered manager and provider still failed to follow latest government guidance.

The provider failed to ensure people were protected from the risk of infection, failed to identify risks in



relation to health and safety, and failed to manage risk to people, which placed people at risk. These failures are a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

- People were at risk because risks to the environment of the service had not been assessed, managed and monitored effectively.
- People were at risk of entrapment because large pieces of the furniture were not securely fixed to the walls. There was a risk that some of the wardrobes could fall on to people if people tried to move them.
- Appropriate checks of window restrictors were not carried out. We found some windows on the first floor did not have restrictors in place and they could be wide open. This meant people were at risk of falling out of the windows. We raised it with the registered manager who told us they will inform provider about the shortfalls.
- Weekly and monthly water tests were carried out to ensure water temperatures were safe for people to use. Records were clear and concise.

#### Learning lessons when things go wrong

- Lessons were not always learnt, and action was not always taken to keep people safe. There had been an outbreak of COVID-19 in January 2021. However, the provider, registered manager and staff failed to implement and follow government guidance for infection control to reduce the risk of another outbreak.

#### Staffing and recruitment

- People were supported by sufficient staff to meet their needs; however recruitment record keeping was not always effective.
- We looked at four staff files and saw that staff were recruited safely and relevant pre-employment checks including a criminal record check were completed. However, there were no interview notes in two staff files we looked at. This meant there was no evidence to demonstrate new staff had been able to prove their skills and experience during the interview stage.
- Staff had received training and support they needed to carry out their roles. This was monitored on a regular basis. The registered manager told us they were in the process of arranging safeguarding adults and moving and handling training to ensure staff had up to date knowledge.
- A newly employed staff member had participated in an induction programme. Staff had to complete a variety of training courses and were given opportunities to shadow more experienced staff until they felt confident working without additional support.

#### Using medicines safely

- People received their medicines safely and as prescribed, however medicines were not always managed safely and consistently.
- We found liquid medicines had been in use, however information when the liquid medicine bottle was opened was not recorded. This is important because some liquid medicines have a shorter shelf life once they have been opened. We raised this with the registered manager who told us they will ensure this information is recorded.
- There was a designated medicine room in the main house where medicines were stored. Other medicines were stored in secure location in each other houses. Appropriate checks were completed to ensure medicines were stored at right temperature and checks were completed to ensure all medicines were given as prescribed.
- One person who was diabetic was responsible for administering their own insulin injections. Staff had completed regular blood sugars checks and ensured this medicine was taken correctly.

- Staff had received training in management of medicines and had their competency assessed. Staff had access to the provider's medication policy and procedure. Medicines administration records were accurately completed and showed people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the service. Comments included, "Yes, I do feel safe here, they [staff] are always looking after me."
- There had been no recent safeguarding concerns or incidents reported to the CQC or local authority.
- Staff understood the different types of abuse and how to recognise signs and symptoms of abuse. Staff were aware of who to report safeguarding concerns should this be required. A staff member told us, "If I had any concerns, I would report it to the management or would go higher [provider] if I had to."

# 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 Good. . 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, Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager and the provider were not always clear about their responsibilities to keep people safe during the COVID-19 pandemic. The registered manager and the provider had put people at risk of contracting and transmitting COVID-19 because they did not follow government guidance and failed to put measures to reduce the risk of infection. We reported on this in the Safe section of this report.
- We contacted the registered manager during April 2020 and February 2021 to ensure they were following government COVID-19 guidance. The registered manager told us they had systems in place to manage the pandemic. We contacted the registered manager again in August 2021 because we received concerns from an NHS Infection and Prevention Nurse. The registered manager told us they had completed an IPC action plan outlining improvement they were going to make. At this inspection we found that identified concerns had not been actioned by the provider.
- The registered manager told inspectors they will re-consider the need for wearing face masks and will discuss this with wider staff team, however for the duration of the inspection none of the staff had put their face masks on when they were in close contact with people. After our inspection an NHS Infection and Prevention Nurse told us, they had visited the service again to follow up on their previous visit, and found staff continued not to wear their face masks.
- The registered manager and staff told us they were putting people at the heart of everything they do, however they had not considered the potential consequences of them not following PPE guidance. This put people's health at risk.
- The provider had failed to implement detailed policy and procedures about preventing and managing outbreaks of COVID-19 and failed to implement service specific risk assessments to reduce the likelihood of having another COVID-19 outbreak.
- The provider's own governance monitoring systems were not effective in identifying issues and concerns. The registered manager had completed a number of environmental audits. However, the registered manager had failed to identify health and safety concerns found during this inspection including broken window, a broken electric socket and a poor state of décor in one of the dwellings.

The registered manager, the provider and staff were not always clear about their roles and understanding regulatory requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Process for reporting incidents were in line with the provider's policy and procedures.
- People were encouraged to be independent, learn life skills and were empowered to achieve positive outcomes. One person told us, "Staff do support me with tidying, but I can do a lot of things myself, like get my own snacks," People were very proud of their homes and showed us their bedrooms which were very personalised based on their preferences. Another person told us, "I love my room, I have all of my mini cars here and everything else I need."
- We saw people were very happy living in the services. One person told us they did 'brave the shave' challenge where they agreed to cut their hair to raise money for a charity. They had raised £545 for Macmillan Cancer Support. Another person told us they go to football matches with their relatives.

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 systems, processes, policies, and procedures to support them in their responsibility in being open and honest if things went wrong.

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

- Staff had good knowledge of people's likes, dislikes, preferred routines and communication needs. One staff member described how they were enabled to support people in ways they preferred.
- One person told us they had relatives who lived in another country and they were supported to keep in contact with them via letters. They had their own mobile phone they could use to communicate with relatives.
- People were encouraged to take part in a variety of social events such as celebrations of people's birthdays and religious events such as Christmas.

Working in partnership with others

- There was evidence the service worked in partnership with other professionals. The registered manager gave examples when referring people to speech and language therapy, GPs and district nurses.
- We saw on people's care files they had attended appointments such as the dentist and optician.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not implemented systems and processes to ensure they could assess, monitor and improve the quality and safety of the service.</p>

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 had failed to mitigate the risk of infection transmission and had not implemented guidance to manage COVID-19.

### **The enforcement action we took:**

We served a warning notice.